

Case Number:	CM15-0014111		
Date Assigned:	02/02/2015	Date of Injury:	12/18/2009
Decision Date:	03/24/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old male who sustained a work related injury December 18, 2009. Past history included benign hypertension, gout, and glaucoma, left wrist carpal tunnel release and right lateral epicondyle release and left knee osteoarthritis. According to an orthopedic recheck visit, dated January 13, 2015, the clinical examination of the left wrist found the wound was clean dry and intact with mild weakness and grip strength. Treatment plan included a request for further physical therapy; six visits for the left wrist and will reevaluate in six weeks' time. According to utilization review, dated January 23, 2015, the request for Post-operative Physical Therapy two times a week for three weeks (6) has been modified to approve Physical Therapy times two(2) to review HEP(home exercise program) and transition. The injured worker can work on his own for strengthening and does not require formal physical therapy based on available data. Citing was documented as MTUS, Physical Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-Op Physical Therapy Two Times a Week for Three Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Page 15-16.

Decision rationale: The MTUS Postsurgical Treatment Guidelines for Carpal tunnel syndrome recommend up to 8 post-op physical/occupational therapy sessions for this condition. Within the medical records provided for review, the treating physician has not documented objective evidence of derived functional improvement from completed occupational therapy sessions. The treating physician has also not documented medical necessity for additional therapy beyond referenced guideline recommendations to establish a transition to a dynamic independent home exercise program. Clinical examination of the left wrist found the wound was clean dry and intact with mild weakness and grip strength. The criteria noted above not having been met, the request is not medically necessary.