

Case Number:	CM15-0014386		
Date Assigned:	02/02/2015	Date of Injury:	05/21/2007
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported injury on 05/21/2007. The mechanism of injury was not provided. The injured worker was noted to undergo a left carpal tunnel release. The documentation of 01/20/2015 revealed the injured worker had not received postoperatively, because it was denied. The objective findings the injured worker had left wrist at 0 degrees with severe scar contracture and a cold left hand and no edema. The treatment plan included the injured worker should start postoperative therapy or she would have permanent disuse of her hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Therapy 3x4 Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Post Surgical Treatment Guidelines recommend physical medicine treatment for up to 8 sessions postoperatively for carpal tunnel syndrome. However, the initial therapy should be half the recommended number of visits; this would equal

4 visits. The clinical documentation dated 01/20/2015, revealed the injured worker had no therapy postoperatively. The request for 12 sessions would be excessive. Given the above, the request for postoperative therapy 3 x4 left wrist is not medically necessary.