

Case Number:	CM15-0019791		
Date Assigned:	02/09/2015	Date of Injury:	05/09/1997
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old female, who sustained an industrial injury on 5/9/97. Mechanism of injury was not documented. Past surgical history was positive for right medial epicondylectomy on 6/8/98, left shoulder surgery on 11/17/99, and right shoulder surgery and carpal tunnel release on 11/21/05. She underwent open carpal tunnel release of the left wrist, median nerve neurolysis, flexor tenosynovectomy on 12/22/14. The 12/29/14 treating physician report indicated she was 7 days post-op, with improved symptoms. The incision was healing well. Medication included Hydrocodone as needed for pain. The diagnosis was moderately severe carpal tunnel syndrome to left hand and wrist. The request was for 12 post-op physical therapy visits for the left wrist. On 1/20/15 Utilization Review modified the request for post-operative physical therapy 3 x week for 4 weeks, left wrist, to post-operative physical therapy 2 x week x 3 weeks, left wrist, with provider agreement, and noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Post-surgical Rehabilitation, Carpal Tunnel Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3xweek for 4 weeks, left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 20.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. For flexor tenosynovectomy, guidelines support 14 visits over 3 months. An initial course of therapy would be supported for one-half the general course or 4 to 7 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The 1/20/15 utilization review recommended partial certification of 6 post-op physical therapy visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.