

Case Number:	CM15-0116470		
Date Assigned:	06/24/2015	Date of Injury:	10/04/2013
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 52 year old female, who sustained an industrial injury on 10/4/13. The injured worker was diagnosed as having bilateral hand/wrist tenosynovitis with carpal tunnel syndrome status post right carpal tunnel release. Treatment to date has included physical therapy. Physical examination findings on 4/30/15 noted right wrist/hand tenderness to palpation. Slightly restricted range of motion was noted on the right side. A physician's report dated 11/4/14 noted the injured worker had completed 16 physical therapy sessions which was helpful in pain relief and strengthening. Currently, the injured worker complains of intermittent moderate right wrist swelling and decreased strength. The treating physician requested authorization for additional 2x4 post-operative physical therapy sessions to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 2x4 post-operative physical therapy sessions to right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p carpal tunnel release with completion of 16 PT sessions. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had 16 post-op sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. Current request was modified for 2 additional visits for a total of 18 sessions to transition to an independent HEP. The patient has received therapy sessions beyond the recommended quantity for this post-surgical period. The Additional 2x4 post-operative physical therapy sessions to right wrist is not medically necessary or appropriate.