

Case Number:	CM15-0119692		
Date Assigned:	06/30/2015	Date of Injury:	11/21/2010
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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 male with an industrial injury dated 11/21/2010. The injured worker's diagnoses include status post right shoulder arthroscopy, subacromial decompression, and rotator cuff repair on 2/14/2013, right carpal tunnel syndrome, and right cubital tunnel syndrome. Treatment consisted of diagnostic studies and periodic follow up visits. In a progress note dated 02/04/2015, the injured worker reported ongoing right hand numbness and tingling. The injured worker also reported that he continues to use a wrist brace and stretch but his symptoms are unchanged. Right wrist/hand exam revealed mild thenar atrophy compared to the contralateral side and decrease sensation in the thumb, index, middle and radial aspect of the ring finger. Positive Tinel's, positive Phalen's and positive compression test were also noted on exam. Treatment plan consisted of recommendation for right carpal tunnel release surgery. The treating physician prescribed services for post-operative physical therapy for the right wrist/hand, quantity 12 sessions now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, Right Wrist/Hand, Qty 12 sessions: Upheld

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

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

Decision rationale: Per MTUS: Carpal tunnel syndrome (ICD9 354.0), Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks, Postsurgical physical medicine treatment period: 3 months, Postsurgical treatment (open): 3-8 visits over 3-5 weeks and Postsurgical physical medicine treatment period: 3 months. The surgeon's request for 12 postoperative visits exceeds the MTUS guidelines, and the records do not provide a rationale for exceeding the MTUS recommendations. Therefore, this request is not medically necessary.