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| Case Number: | CM15-0123082 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 12/24/2013 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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, Indiana, Oregon
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 36-year-old female who sustained an industrial injury on 12/24/2013. Mechanism of injury was not documented. Diagnosis is right carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, physical and manipulating therapy, Extracorporeal shockwave therapy, and injections. A physician progress note dated 10/01/2014 documents the injured worker has undergone multiple conservative treatments but still has significant residual symptoms. The treatment plan included right carpal tunnel release surgery, pre-operative physical and laboratory studies (Chem panel, CBC, PT/PTT, urinalysis), chest x ray, and EKG. Treatment requested is for post-operative physical therapy 2 times a week for 3 weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2 times a week for 3 weeks for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Per the CA MTUS/Post Surgical Treatment Guidelines, carpal tunnel, page 16, 3-8 visits over a 3-month period is authorized. Half of the visits are initially recommended pending re-evaluation. In this case, the request for 6 visits exceeds the initial recommended treatment number of up to 4 and is therefore not medically necessary.