

Case Number:	CM15-0170542		
Date Assigned:	09/11/2015	Date of Injury:	03/21/2014
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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, Oregon, Washington
 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 33-year-old female injured worker suffered an industrial injury on 3-21-2014. The diagnoses included bilateral carpal tunnel syndrome. On 4-14-2015, the treating provider reported she continued to report bilateral wrists and hand pain with numbness. The requested treatment was in anticipation of approval of right carpal tunnel release. The 4-14-2015 medical record did not include explanation as to the necessity of pre-operative medical clearance. Request for Authorization date was 4-27-2015 for post-operative physical therapy. The Utilization Review on 8-28-2015 determined non-certification for Medical clearance and modification for Post-operative physical therapy evaluation and 12 visits for the right wrist to 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brigham and Women's Hospital (<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>).

Decision rationale: The 33-year-old female injured worker suffered an industrial injury on 3-21-2014. The diagnoses included bilateral carpal tunnel syndrome. On 4-14-2015, the treating provider reported she continued to report bilateral wrists and hand pain with numbness. The requested treatment was in anticipation of approval of right carpal tunnel release. The 4-14-2015 medical record did not include explanation as to the necessity of pre-operative medical clearance. Request for Authorization date was 4-27-2015 for post-operative physical therapy. The Utilization Review on 8-28-2015 determined non-certification for Medical clearance and modification for Post-operative physical therapy evaluation and 12 visits for the right wrist to 8 visits.

Post-operative physical therapy evaluation and 12 visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, 3-8 visits over a 3-month period is authorized for a carpal tunnel release. As the request exceeds the initial allowable visits, the request is not medically necessary.