

Case Number:	CM15-0068501		
Date Assigned:	04/16/2015	Date of Injury:	01/15/2013
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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, Pain Management, Occupational Medicine

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 44 year old male, who sustained an industrial injury on 1/15/2013. Diagnoses include status post right and left carpal tunnel release, axonal polyneuropathy, bilateral wrist tendinitis, left Guyon's canal syndrome and mild left cubital tunnel syndrome. Treatment to date has included surgical intervention (right carpal tunnel release on 2/23/2015 and left carpal tunnel release 8/25/2014), diagnostics including electrodiagnostic testing and medications. Per the Primary Treating Physician's Progress Report dated 3/04/2015, the injured worker reported improvement in symptoms after right carpal tunnel release surgery dated 2/23/2015. Physical examination revealed a well healing incision with no signs of infection. He had normal circulation and sensation in the right upper extremity. The plan of care included, and authorization was requested, for post-operative physical therapy (2x6) for the right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 2x6 right wrist/hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: MTUS 2009 Post-Surgical Treatment Guidelines recommends up to 8 sessions of post-operative therapy after a carpal tunnel release. Eight sessions of therapy have already been approved which adheres to guideline recommendations. There are no medical reports which explain why more than 8 sessions of therapy are needed or therapy progress notes which describe the response to prior therapy. Therefore, this request for 12 sessions of therapy is not medically necessary.