

Case Number:	CM15-0078191		
Date Assigned:	04/29/2015	Date of Injury:	07/05/2012
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on July 5, 2012. She has reported injury to the left wrist and has been diagnosed with cervicgia, pain in joint shoulder, carpal tunnel syndrome, and pain in limb. Treatment has included surgery, medications, physical therapy, and a home exercise program. Currently the injured worker had decreased range of motion to the left wrist. The treatment request included physical therapy to the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 for left wrist: 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: The claimant is nearly 3 years status post work-related injury and continues to be treated for left wrist pain. She underwent a left carpal tunnel release on 01/29/15 followed by post-operative therapy. When seen, she was improving and performing a home exercise

program. Carpal tunnel release surgery is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated and she has already had therapy and is performing a home exercise program. The number of additional treatments is in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. It was therefore not medically necessary.