

Case Number:	CM15-0078239		
Date Assigned:	04/29/2015	Date of Injury:	12/13/2012
Decision Date:	05/26/2015	UR Denial Date:	04/16/2015
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 57-year-old, female who sustained a work related injury on 12/13/12. The diagnoses have included mild right carpal tunnel syndrome, right wrist tendinitis and status post right carpal tunnel release. The treatments have included oral medications, physical therapy and right carpal tunnel surgery. In the PR-2 dated 4/8/15, the injured worker states numbness and tingling is much less since right carpal tunnel surgery on 2/17/15. She has not started postoperative physical therapy yet. The treatment plan is for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The claimant sustained a work injury in December 2012 and underwent right carpal tunnel release surgery in February 2015. Being requested is postoperative

therapy. There appear to have been no postoperative complications and the claimant was having less numbness and tingling. 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. The number of 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.