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| Case Number: | CM15-0079154 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 09/13/2011 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/21/2015 |
| 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: California

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 49 year old male, who sustained an industrial injury on September 13, 2011, incurring low back and wrists injuries from repetitive actions. He was diagnosed with lumbosacral disc herniation, with radiculopathy, bilateral wrist sprain and carpal tunnel syndrome. Treatment included physical therapy, pain medications, anti-inflammatory drugs, and wrist surgery. Currently, the injured worker complained of pain in the lower back, and pain and numbness in the bilateral wrists. The treatment plan that was requested for authorization included postoperative physical therapy for right wrist for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy for Right Wrist x12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 15, 18-21.

Decision rationale: The Post-Surgical Treatment Guidelines of the MTUS, recommend 3-8 visits of physical therapy following the surgical treatment of CTS. The time course for this post-

op rehabilitation is 3-5 weeks. According to the notes, the patient has planned carpal tunnel surgery and the requesting provider is asking for 12 session of physical therapy post-operatively. This is in excess of the CA MTUS, and the IMR process does not provide modification of original requests. The current request is not medically necessary.