

Case Number:	CM15-0093923		
Date Assigned:	05/20/2015	Date of Injury:	12/17/2014
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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 was a 47-year-old female, who sustained an industrial injury, December 17, 2014. The injured worker previously received the following treatments EMG (electrodiagnostic studies) of the right hand, occupational therapy, Prilosec and Naprosyn. The injured worker was diagnosed with mild right carpal tunnel syndrome according to the EMG studies and right hand numbness and tingling. According to progress note of April 7, 2015, the injured workers chief complaint was right carpal tunnel symptoms, which were awaking the injured worker from sleep. The injured worker had to shake the right hand throughout the day. The physical exam noted positive Tinel's median nerve compression and positive Phalen's test. The treating physician requested carpal tunnel release and postoperative physical therapy to expedite the injured worker recovery to return to work sooner. The treatment plan included postoperative physical therapy for the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 x 3 for the right hand and wrist: Overturned

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 sustained a work injury in December 2014 and is being treated for right carpal tunnel syndrome. Treatments included medications, splinting, an ergonomic evaluation, and physical therapy. EMG/NCS testing was done on 02/20/15 and showed findings of mild right carpal tunnel syndrome. When seen on 04/07/13, she was having ongoing symptoms. Authorization for an open right carpal release and postoperative physical therapy was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the number of treatments requested is consistent with the guideline recommendation and is medically necessary.