

Case Number:	CM14-0140280		
Date Assigned:	09/10/2014	Date of Injury:	04/01/2008
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 59-year-old female who sustained a vocational injury on April 1, 2008 following overexertion with repetitive lifting. The medical records provided for review document that the claimant underwent a left carpal tunnel release on July 7, 2014 and a right carpal tunnel release on March 19, 2012. The office note dated August 21, 2014 noted that the claimant reported left hand and wrist pain with numbness, right hand and wrist pain with numbness, bilateral shoulder pain, neck pain, low back pain, mid back pain, and abdominal pain. The claimant also had complaints of neck and upper back stiffness, right sided thoracic spine pain, and bilateral posterior buttocks numbness and tingling. On examination she had severely decreased strength of the left hand. She had well healed scar on the right. Range of motion showed 50 degrees of extension and flexion. There was decreased range of motion with volar, index and left thumb. There was a positive Phalen's test on the left. This request is for twelve physical therapy visits for the left wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the left wrist/hand.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines support three to eight visits of physical therapy over three to five weeks for up to a three month period following either endoscopic or carpal tunnel release. The current request of twelve visits exceeds the recommended Postsurgical Guidelines and subsequently the request for Physical Therapy cannot be considered medically necessary.