

Case Number:	CM13-0022492		
Date Assigned:	10/11/2013	Date of Injury:	03/27/2012
Decision Date:	04/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal Medicine, Pulmonary Diseases, 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 patient is a 38-year-old male who reported an injury on 03/27/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with carpal tunnel syndrome of the right wrist and ligament tear/cyst in the right wrist. The patient was seen by [REDACTED] on 06/03/2013. Physical examination of the right wrist revealed tenderness to palpation, positive Tinel's and Phalen's testing, positive piano key testing, positive Watson and drop testing, limited range of motion, and decreased strength bilaterally. Treatment recommendations included continuation of physical therapy to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT WRIST 3X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As per the documentation submitted, the patient is status post right carpal tunnel release on 05/14/2013. Postsurgical

treatment following carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. As per the documentation submitted, the patient has completed a course of postoperative physical therapy. However, there is no documentation of objective functional improvement. The patient continues to report pain, swelling, and stiffness. The patient continues to demonstrate decreased range of motion and decreased strength. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

PERCOCET 5/325MG X30 TABS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. As per the documentation submitted, the patient has continuously utilized this [REDACTED] medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. Therefore, the request is non-certified.