

Case Number:	CM13-0023176		
Date Assigned:	12/11/2013	Date of Injury:	11/07/2008
Decision Date:	07/08/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine 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 45-year-old female who has submitted a claim for right carpal tunnel syndrome and bilateral wrist and forearm myositis associated with an industrial injury date of November 7, 2008. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral upper extremities pain and numbness in her left hand and fingers. The patient also had some recurrent pain and stiffness with locking and catching at the right long finger. On physical examination of the left wrist, positive Tinel's sign, Phalen's sign and compression sign were noted. There was tenderness over the left long finger without evidence of triggering. An examination of the cervical spine showed tenderness over the anterior or posterior cervical triangles. The patient can forward flex the right shoulder to 180 degrees, abduct to 170 degrees and externally rotate to 70 degrees. The impingement sign was negative. The adduction sign was negative. The treatment to date has included medications, extensor and debridement of the right lateral epicondyle, and right medial collateral ligament (MCL) reconstruction. The utilization review from August 12, 2013, denied the request for postoperative physical therapy two (2) times a week for six (6) weeks to the left wrist, because the guidelines recommend up to eight (8) post-op physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The Postsurgical Treatment Guidelines indicate that physical therapy for three to eight (3-8) visits over three to five (3-5) weeks is recommended for post-endoscopic carpal tunnel release. In this case, the patient was recommended to undergo left endoscopic carpal tunnel release. However, it is unknown if the surgery had been accomplished due to lack of documentation. Authorization for surgery is likewise pending. Moreover, the request for twelve (12) sessions exceeds the guideline recommendation. Therefore, the request for postoperative physical therapy two (2) times a week for six (6) weeks to the left wrist is not medically necessary.