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| Case Number: | CM13-0026905 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/11/2011 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 Physical Medicine and Rehabilitation, 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:

This 46 year-old patient sustained an injury on 5/11/11 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include physical therapy 2 times a week for 4 weeks for the bilateral hands/wrists. Diagnoses include Bilateral carpal tunnel syndrome; bilateral hand/wrist sprain/strain s/p Right CTR on 6/21/13. Report of 7/19/13 from the Chiropractic provider for Orthopedic provider noted the patient had previous carpal tunnel release on 6/21/13 with pain in bilateral wrists. Exam showed healing scar, right and left wrists with tenderness and decreased range of motion (no degrees or planes specified). Treatment included continuing with therapy and medications with patient remaining off work. Report of 8/30/13 from the Chiropractic provider for Orthopedic provider noted the patient had previous carpal tunnel release on 6/21/13 with residual pain, stiffness in right wrist. Exam showed right and left wrists with tenderness and decreased range of motion (no degrees or planes specified). Treatment included continuing with therapy and topical ointment. The patient remained off work. Conservative care has included medications, post-operative therapy x 12 sessions, and modified activities/rest. The request(s) for physical therapy 2 times a week for 4 weeks for the bilateral hands/wrists was non-certified on 9/12/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the bilateral hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had 12 post-op sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 4 weeks for the bilateral hands/wrists is not medically necessary and appropriate.