

Case Number:	CM13-0038512		
Date Assigned:	12/18/2013	Date of Injury:	08/13/2012
Decision Date:	05/15/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic surgery and is licensed to practice in Arizona. 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 is a 59-year-old female who sustained an injury on 8/13/12 and had a diagnosis of cervical radiculopathy, bilateral carpal tunnel syndrome. She underwent a right carpal tunnel release in May 2013. Following the surgery she had increased swelling and pain in the hand and a diagnosis of rule out reflex sympathetic dystrophy (RSD) was made. Physical therapy was stopped for a period of time after it was noted that the hand was swollen. The patient had 32 sessions of therapy between June and October 2013. The office note of October is illegible, however, there is a note dated September 9, 2013 which states that the patient still has stiffness in her fingers and her grip strength is 0. Request is made for additional physical therapy on this visit. The provider is considering a diagnosis of RSD to explain the swelling and stiffness and weakness of the hand. It is unknown whether the patient is on a home exercise program to complement the supervised physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL 6 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The patient had 32 sessions of physical therapy following her carpal tunnel release. This patient had post-operative complications of swelling, stiffness, and weakness in the hand. It was for these reasons that the physical therapy was requested. While there is little evidence to justify more than 3-5 visits of physical therapy over a 4 week period after surgery, this does not apply in cases of failed surgery and/or missed diagnosis. The patient's specific hand therapy is very important in reducing swelling, decreasing pain and improving range of motion increase in complex regional pain syndrome (CRPS). However, in order to continue with these modalities there has to be documentation of functional improvement and the patient is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is little documentation of the degree to which the patient has progressed over the previous 32 sessions of physical therapy and there is no documentation that the patient is engaged in a program of active therapy at home. Therefore, without this necessary documentation the medical necessity of continuing physical therapy cannot be established.