

Case Number:	CM13-0048411		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2010
Decision Date:	03/13/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 42-year-old male with the date of injury of 12/01/2010. The listed diagnoses per [REDACTED] dated 09/17/2013 are: (1) Cervical spine strain/sprain (2) Status post left carpal tunnel syndrome. This patient is status post carpal tunnel release dated April 2012. According to report dated 09/17/2013 by [REDACTED], the patient complains of left hand swelling and numbness in the morning. The patient also feels decrease in strength in the left hand. Physical examination showed left wrist decrease in range of motion, positive TTP, and positive Tinel's and Phalen's. MMT is noted as 4/5. Treater states in report that the patient is "not improving with physical therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week for 4 weeks for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Carpal Tunnel Syndrome (updated 5/7/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This patient is status post carpal tunnel syndrome dated April 2012 and continues to complain of left wrist pain. Treater is requesting 12 additional physical therapy sessions. For carpal tunnel syndrome, MTUS postsurgical guidelines, page 15, states there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 8 visits over 3 to 5 weeks after surgery. The postsurgical physical medicine treatment period is 3 months. In addition, benefits need to be documented after the first week and prolonged therapy visits are not supported. In this case, medical records show patient already received 12 postoperative therapy sessions proceeding CTS release in 2012. In addition, the patient received 6 additional sessions between 04/18/2013 and 05/19/2013. The treater's request for 12 additional sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.