MAXIMUS Federal Services

Case Number:	CM13-0058300		
Date Assigned:	12/30/2013	Date of Injury:	08/13/2012
Decision Date:	03/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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:

The patient is a 59-year-old female who sustained a work-related injury on 8/13/12. Her listed diagnoses are bilateral carpal tunnel syndrome, status post right carpal tunnel release, cervical radiculopathy, and reflex sympathetic dystrophy of the upper extremities. According to a progress report dated 6/10/13, the patient presents for a follow-up two weeks post right carpal tunnel release. She denies any numbness or tingling. She states her pain is controlled, although it is very present. She denies any fevers, chills, chest pains, or shortness of breath. She states that Vicodin increases her heart rate and also caused dizziness. Physical examination shows there is no erythema or exudate on the right upper extremity. The incision over the volar wrist is clean, dry, and intact. The patient cannot yet make a fist or finger oppose. Sensation is intact and pulse is active. Neurovascularly, she is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional sessions of physical therapy: Overturned

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

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

Decision rationale: The patient presents with chronic bilateral wrist pain, status post right carpal tunnel release on 5/28/13. The patient also has neck pain, with an MRI from 10/4/13 showing mild to moderate spinal stenosis at multiple levels. Review of the therapy report from 7/16/13 shows that the patient recently had nine physical therapy sessions. The therapist states that the patient can definitely increase her strength in the right wrist and right shoulder so that she can lift above the shoulder level and also increase the use of the right hand for more than 15 minutes. For diagnosis of neuralgia and myositis, the MTUS Guidelines recommend 9-10 therapy visits. However, for a diagnosis of reflex sympathetic disorder (RSD), the MTUS recommends 24 visits over 16 weeks. This patient may recover more slowly from carpal tunnel release given the diagnosis of RSD. As such, the request for six additional physical therapy sessions is certified.