

Case Number:	CM13-0061232		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2010
Decision Date:	04/09/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal Medicine; Pulmonary Diseases 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 45-year-old female who reported an injury on 03/11/2010. The patient was reportedly injured secondary to repetitive work activity. The patient is currently diagnosed with severe bilateral carpal tunnel syndrome and left cubital tunnel syndrome. The patient was seen by [REDACTED] on 06/28/2013. Physical examination revealed decreased motor strength in bilateral hands, decreased sensation in the median nerve bilaterally, tenderness to palpation, positive Tinel's testing, positive Phalen's testing, and slightly decreased wrist range of motion. Treatment recommendations included right carpal tunnel release, as well as a ComboCare for electrotherapy, and postoperative physical therapy x12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op physical therapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in

the postsurgical physical medicine treatment recommendations. Postsurgical treatment following carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. Therefore, the current request for 12 sessions of postoperative physical therapy exceeds guideline recommendations. Additionally, there is no indication that this patient's surgical procedure has been authorized. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Combo Care 4, Electrotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation(NMES devices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as transcutaneous electrical nerve stimulation units have no proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.