

Case Number:	CM13-0061389		
Date Assigned:	05/07/2014	Date of Injury:	10/06/1998
Decision Date:	06/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 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:

The patient is a 61 year old male injured worker with date of injury 10/6/98. Per 10/16/13 note, he had persistent pain and numbness in his right hand. He was previously treated with a corticosteroid injection that failed to improve his symptoms. Numbness in his left hand had improved following his carpal tunnel release (8/8/13), but he did note that the hand felt weak. Per physical exam, Tinel's sign at the right wrist, Phalen's sign was positive at the right wrist, compression sign was positive at the right wrist, sensation was intact to light touch in all digits in the left hand. There was tenderness to palpation over the left palm, there was normal range of motion of both wrists. The date of UR decision was 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering, and the Restoration Of Function, Chapter 6, Page 114.

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

Decision rationale: Per the Post-Surgical Treatment Guidelines, "There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported." The documentation submitted for review do not include the total of physical therapy sessions completed to date or physical therapy evaluation and recent progress notes which include objective and functional findings which are necessary to affirm medical necessity. Furthermore, as the request represents a quantity in excess of the California MTUS recommendation, it is not medically necessary