

Case Number:	CM13-0069780		
Date Assigned:	01/03/2014	Date of Injury:	07/27/2012
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Maryland. 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 51 year old with a reported date of injury on 7/27/12 who requested further post-operative physical therapy following right carpal tunnel release and release of right dorsal extensor compartment for DeQuervain's on August 7, 2013. The evaluation from 9/16/13 notes decreased grip strength with negative Phalen's and Tinel's signs. The recommendation was for further physical therapy which was approved. The total post-operative therapy visits attended is documented to be 14 and many are documented. An evaluation from 10/28/13 notes condition has improved. There is incisional pain of the palm, with negative Finkelstein's, Phalen's and Tinel's sign. Additional physical therapy was recommended (3x2), as well as Naprosyn. An evaluation from 11/8/13 notes patient with improved pain but with continued weakness. Physical therapy was again recommended. The report from 12/16/13 notes patient complains of pain of the right wrist, hand and thumb with numbness in the thumb area as well as loss of strength that is progressing. The utilization review dated 12/5/13 did not certify post-operative therapy, 3 times per week for 2 weeks. The reason given was that the patient had received 14 physical therapy sessions already and any further physical therapy would exceed the limits of the guidelines based on postsurgical guidelines for carpal tunnel surgery. In addition, the main complaint is pain which is insufficient rationale for continued therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS FOR THE RIGHT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16,20 & 11.

Decision rationale: The patient is a 51 year old who underwent right carpal tunnel release and release of right dorsal extensor compartment for DeQuervain's on August 7, 2013. She had undergone well-documented physical therapy following her combined surgery. Additional physical therapy had been approved following initial post-operative therapy for a total of 14 visits. The patient is documented to have functionally improved from her therapy but still complained of tenderness and weakness, when additional therapy was requested. Per Post Surgical Guidelines, the total general course of therapy would be 14 visits over 3 months, which had been completed. However, the patient is noted to have continued to improve based on October 28, 2013 documentation, but with continued functional deficit of pain and weakness. Thus, as stated above from page 11, physical medicine treatment may be continued up to the end of the postsurgical period of 6 months, if further functional improvement can be accomplished. The patient is noted to have improved and it is reasonable to suggest that further improvement of her functional deficits of pain and weakness may be possible. In addition, further documentation from December 2013 notes worsening of her condition. Based on this, an additional 6 physical therapy visits is medically necessary in an attempt to obtain greater functional improvement until the end of the 6 month period. Continued functional improvement to justify this additional therapy should be well-documented.