

Case Number:	CM13-0071138		
Date Assigned:	01/08/2014	Date of Injury:	07/17/2012
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 licensed in Chiropractic Services and Acupuncture, 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:

Claimant is a 50 year old female who sustained a work related injury on 7/17/2012. Her primary diagnosis is trigger finger. She had a right carpal tunnel release on 7/2/2013. She had already completed 18 post operative sessions prior to the session in question. The claimant has right wrist and right thumb and little finger pain. She is unable to approximate her right thumb to little finger. A physical therapy session was rendered on 10/3/13 which consisted of myofascial release, electrical muscle stimulation, paraffin bath, and therapeutic exercises. Prior treatment includes physical therapy, chiropractic, oral medications, topical medications, and right carpal tunnel surgery. Per a preliminary Pr-2 dated 10/30/2013, she has had 18 post op sessions of physical therapy. She cannot touch her pinky to thumb and there is pan at wrist and lateral elbow. She tries to perform most of the activities of daily living, but with some weakness and pain. Her grip is averaging 27.5 on the right according to Jamar reading. Per a preliminary PR-2 dated 9/25/2013, the claimant has had 12 post operative sessions and does feel better. She still has throbbing and pain and performs most activities of daily living with discomfort. Per a preliminary PR-2 dated 8/28/2013, the claimant has had 7 post operative physical therapy sessions. Her grip measuring is 30 on the right according to a Jamar reading.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ - Retrospective Physiotherapy Rehab Dos: 10/03/13: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: According to evidenced based guidelines, there is limited evidence of efficacy of physical therapy to carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximum of 8 visits over 3 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. It is unclear whether the claimant had trigger finger surgery. The post surgical guidelines are similar with 9 visits recommended over 8 weeks with a maximum treatment period of 4 months. The claimant has had well in excess of post surgical guidelines for carpal tunnel and trigger finger release. The claimant is also past the recommended time frame for physical therapy post surgery. The provider also failed to document functional improvement associated with the physical therapy and the claimant even seems to be getting worse with grip strength. Therefore the additional physical therapy session is not medically necessary.