

Case Number:	CM14-0008783		
Date Assigned:	02/03/2014	Date of Injury:	06/17/2011
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female with a reported date of injury on 06/17/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with status post right carpal tunnel syndrome. The injured worker continued to complain of mild to moderate pain in the left upper extremity. In the documentation dated 11/12/2013, the injured worker was given a cortisone injection to the right elbow. The physician also noted that the injured worker would need bilateral elbow surgery in the future. The physical examination revealed residual tenderness of the left hand and positive Phalen's and Tinel's sign to the right wrist. In the note dated 12/17/2013, the physician indicated the injured worker participated in physical therapy, the results of which were not provided in the documentation available for review. In addition the injured worker underwent left carpal tunnel release 10/11/2013. The Request for Authorization for continuous postoperative physical therapy 2 x 6 left wrist/hand was submitted on 01/22/2014. The rationale for the request was not submitted within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE POST OP PHYSICAL THERAPY 2X6 FOR THE LEFT WRIST/HAND:

Upheld

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

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

Decision rationale: California MTUS Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process or to maintain improvement levels. Guidelines recommend 8 to 10 visits over 4 weeks. The injured worker is status post left carpal tunnel release on 10/11/2013. The clinical information provided for review indicates that the injured worker participated in physical therapy for an unknown duration. There is a lack of documentation related to the functional benefit related to previous physical therapy. In addition, in the clinical note dated 12/17/2013, the physician noted that the injured worker complained of increased right hand and right elbow symptoms. Rationale for the physical therapy for the left wrist was not clear, as documentation demonstrated that the injured worker's symptoms were no longer in the left wrist. In addition, the guidelines recommend 8 to 10 visits over 4 weeks. The request for an additional 12 weeks of physical therapy exceeds the recommended guidelines. Therefore, the request for continued postoperative physical therapy 2 x 6 for the left wrist/hand is non-certified.