

Case Number:	CM14-0009860		
Date Assigned:	02/21/2014	Date of Injury:	01/25/2013
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/27/2014

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 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:

According to the records made available for review, this is a 54-year-old male with a January 25, 2013 date of injury, and status post right carpal tunnel decompression October 24, 2013 and status post left carpal tunnel decompression June 13, 2013. At the time of request for authorization for additional physical therapy 2x4 to bilateral wrists (December 20, 2013), there is documentation of subjective (pain with range of motion, weakness in both wrists) and objective (bilateral wrists flexion 60, extension 75, tenderness to palpation over extensor tendon) findings, current diagnoses (moderate carpal tunnel syndrome bilateral wrists; status post right carpal tunnel decompression October 24, 2013 and status post left carpal tunnel decompression June 13, 2013), and treatment to date (activity modification, medications, and physical therapy x 8 (reported as helpful)). November 5, 2013 medical report identifies decrease in pain and increased range of motion and strength with previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X4 TO BILATERAL WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, CARPAL TUNNEL SYNDROME, 13

Decision rationale: The Postsurgical Treatment Guidelines identifies up to eight visits of post-operative physical therapy over three to five weeks and post-surgical physical medicine treatment period of up to three months. In addition, the Post-Surgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of moderate carpal tunnel syndrome bilateral wrists. In addition, there is documentation of status post right carpal tunnel decompression October 24, 2013 and status post left carpal tunnel decompression June 13, 2013 and eight sessions of post-operative physical therapy sessions completed to date, which is the limit of guidelines. The request for additional physical therapy to bilateral wrists, twice weekly for four weeks, is not medically necessary or appropriate.