

Case Number:	CM14-0103988		
Date Assigned:	07/30/2014	Date of Injury:	11/14/2012
Decision Date:	10/27/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 has a subspecialty in Pain Management 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 53 year old female with an injury date of 11/14/12. Per the 03/10/14 report by [REDACTED], the patient presents with improving pain in the left elbow, pain in the left shoulder and the right hand. Examination of the left wrist reveals the distal radius is less painful and range of motion is limited by pain. Of the left elbow, range of motion is limited by pain and the following tests are positive: direct compression test, carpal canal; Phalen's carpal canal; and Tinel's carpal canal. Of the right wrist, positive direct compression test carpal canal, positive Tinel's carpal canal. She is post left carpal tunnel release "a few months ago". Palpation of the left shoulder shows improved shoulder function. The patient's diagnoses include: 1. Carpal tunnel syndrome left greater than right 2. Lateral epicondylitis of elbow 3. Sprain and strain of unspecified site of shoulder and upper arm. The utilization review being challenged is dated 06/18/14. The rationale regarding physiotherapy X 7 is that the patient has completed an unspecified number of visits and the requested visits are more than recommended. Regarding 9 visits for the right wrist, 9 post-operative visits have been received and 3-8 are authorized. Treatment reports were provided from 03/10/14 to 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy x7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with left wrist pain (post carpal tunnel release date unknown) and right wrist pain (scheduled carpal tunnel release 03/19/14), left shoulder pain and right hand pain. The provider requests for Physiotherapy x 7. On 03/10/14 the provider notes that the patient will require physiotherapy in the context of discussing pain in the right and left wrists, left shoulder and right hand. Later in the report the provider states the patient will require postoperative treatment for the right hand. This was the only report other than physical therapy visits provided, and physical therapy reports show the patient received 9 visits for the right hand and wrist for a treatment diagnosis of right Carpal Tunnel release from 04/03/14 to 06/27/14. The utilization review of 06/18/14 states, "The patient has completed an unspecified number of physical therapy visits for this injury." The utilization review does not specify the injury or body part for this request other than to state per the 05/13/14 RFA. This RFA was not among the reports provided. The body part of the request is not clear from the reports provided. The patient remains within the postoperative treatment period for the right wrist as of the utilization review date. The most recent physiotherapy treatment documented was for left and right carpal tunnel release. There are requests below for physical therapy for the left wrist and right wrist and it is not known what this request for 7 physiotherapy is to address. There is no explanation for it. It would appear from the reports that the patient has had adequate therapy thus far and should be able to perform home exercises. Recommendation is for denial.

Physiotherapy x9 for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with left wrist pain (post carpal tunnel release date unknown) and right wrist pain (scheduled carpal tunnel release 03/19/14), left shoulder pain and right hand pain. The provider requests for Physical therapy x 9 visits right wrist. On 03/10/14 the provider notes the patient will need physiotherapy for her right hand postoperatively. Physical therapy reports provided show the patient received 9 visits for a treatment diagnosis of right Carpal Tunnel Release 03/19/14 surgery date from 04/03/14 to 06/27/14. MTUS page 15 states that 3-8 visits over 3-5 weeks are allowed for postsurgical treatment for Carpal tunnel syndrome. In this case the 9 visits requested combined with the 9 visits received exceed what is allowed per MTUS. The patient remains in the postoperative treatment period as of the 06/18/14 utilization review. Recommendation is for denial.

Physiotherapy x9 for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with left wrist pain (post carpal tunnel release date unknown) and right wrist pain (scheduled carpal tunnel release 03/19/14), left shoulder pain and right hand pain. The provider requests for Physical therapy x 9 visits for the left wrist. On 03/10/14 the provider notes this patient is post left carpal tunnel release "a few months ago." In this case, the patient is apparently now outside the postsurgical treatment period for Carpal tunnel syndrome per MTUS guidelines page. 15. Only the 03/10/14 treatment report was provided regarding treatment of the left wrist. Physical therapy records provided show the patient received 12 therapy visits ending 03/04/14 for the left wrist and left hand for a diagnosis of left Carpal Tunnel Release for apparently post-operative treatment. There is no discussion in the reports provided as to why physical therapy is needed for this patient at this time. Given that the patient has had adequate post-operative therapy, additional therapy does not appear indicated. Recommendation is for denial.