

Case Number:	CM14-0106724		
Date Assigned:	07/30/2014	Date of Injury:	08/28/2012
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Nevada. 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 records presented for review indicate that this 42 year old female was reportedly injured on August 28, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of left wrist pain, left forearm pain, and tingling in the ulnar sided three fingers of the left hand. The physical examination demonstrated decreased range of motion of the left wrist, flexion and extension 260 degrees, full pronation and supination, negative Tinel's test and Phalen's test of the left wrist and minimally decreased sensation at the volar aspect of the index and ring fingers of the left hand, positive Tinel's test at the left, cubital tunnel. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left sided carpal tunnel release and postoperative occupational therapy. A request was made for additional physical therapy for the left hand three times a week for four weeks and was not certified in the preauthorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Left Hand and Wrist 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines, California Code of Regulations.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Post-Surgical Treatment Guidelines, California Code of Regulation. The Expert Reviewer's decision rationale:According to the California Chronic Pain Medical Treatment Guidelines "postoperative physical therapy for carpal tunnel release would include three to eight visits over three to five weeks' time with a total postsurgical medicine treatment period of three months." The injured employee is now one year past the stated date of surgery. It is anticipated that they have transitioned to a home exercise program long ago. For these reasons, this request for additional physical therapy for the left hand and wrist three times a week for four weeks is not medically necessary.