

Case Number:	CM14-0012744		
Date Assigned:	02/21/2014	Date of Injury:	11/23/2011
Decision Date:	08/06/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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:

This is a 35-year-old female with an 11/23/2011 date of injury, when she injured her both hands due to heavy lifting at work. She underwent right carpal tunnel release on 09/12/2013 with 8 sessions of postoperative physical therapy. The patient was seen on 12/02/2013 with complaints of pain in the right hand. Exam findings revealed decreased sensation in the index finger, middle finger and thumb. The diagnosis is status post right carpal tunnel release. Treatment to date: work restrictions, home exercise program, physical therapy, right carpal tunnel release (09/12/2013), cortisone injections, medication, and splint. An adverse determination was received on 01/02/14 given there was a lack of documentation regarding functional improvement in the patient's post operative physical therapy sessions. In addition, it is unclear why the patient's functional deficits could be addresses in a home exercise program. The patient was approved for 8 PT sessions; however there was no reevaluation notes from those sessions to show objectively measured functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY FOR RIGHT WRIST: Upheld

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

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

based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Improvement Measures Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. In addition, ODG Guidelines support 3-8 visits over 3-5 weeks after carpal tunnel release. The patient underwent right carpal tunnel release on 09/12/2013 and accomplished 8 sessions of physical therapy. There was no reevaluation notes from those sessions to show objectively measured functional improvement. There is no rationale noted why the patient needs additional sessions. It is unclear why the patient's functional deficits could not be addressed in a home exercise program. In addition, the additional physical therapy sessions would exceed the number of visits recommended by MTUS and ODG guidelines. Therefore, the request for Twelve Physical Therapy for Right Wrist is not medically necessary.