MAXIMUS Federal Services

Case Number:	CM14-0014237		
Date Assigned:	02/26/2014	Date of Injury:	04/12/2013
Decision Date:	08/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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:

The patient is a 45 year-old female who has submitted a claim for s/p bilateral carpal tunnel release, s/p left middle trigger finger release, right trigger fingers, associated with an industrial injury date of April 12, 2013. Medical records from 2013 were reviewed. The latest progress report, dated 12/23/2013, showed persistent pain in bilateral wrist and hands, left greater than right. Physical examination revealed a healed scar over the carpal tunnel region on bilateral hands. A healed scar was present on the left middle finger. There was +3 pain with dorsiflexion and palmar flexion. Treatment to date has included right carpal tunnel release (August 2013), left carpal tunnel and middle trigger finger release (September 2013), 13 sessions of postoperative physical therapy, and medications.Utilization review from 01/30/2014 denied the request for additional PT 2x3 for bilateral wrist/hand because the proposed frequency, duration and time frame exceeded the recommendation of the current guidelines. Moreover, there was no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SIX (6) PHYSICAL THERAPY FOR BILATERAL WRIST/HAND:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web based version, Carpal Tunnel Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to CA MTUS Postsurgical Treatment Guidelines, physical therapy for 3-8 visits over 3-5 weeks is recommended after surgical treatment of carpal tunnel syndrome, either endoscopic or open procedure. Physical therapy for 9 visits over 8 weeks is recommended after surgical treatment of trigger finger. In this case, patient had right carpal tunnel release (August 2013) and left carpal tunnel and middle trigger finger release (September 2013). Patient completed 13 sessions of post-operative physical therapy. However, the patient complained of persistent pain on both wrists and hands. Physical therapy is necessary post-operatively, however, the present request of additional 6 sessions exceeds the guideline recommendation of the number of visits. There is no documented indication for the quantity of visits being requested. Moreover, it was not clearly stated why an independent home exercise program would not address the present subjective complaints. Therefore, the request for Additional 6 Sessions of Physical Therapy for Bilateral Wrist/Hand is not medically necessary.