

Case Number:	CM14-0110263		
Date Assigned:	09/16/2014	Date of Injury:	02/10/2012
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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:

This injured worker is a 42 year old female with a reported date of injury of February 10, 2012. Mechanism of injury reported as motor vehicle accident, while performing the regular duties of her occupation as a shuttle driver, when the other driver ran a red light. Reports accident resulted in injury to her back, left shoulder and left wrist and finger. Diagnosis includes carpal tunnel syndrome. An operative report, dated April 28, 2014, indicates the injured worker underwent right carpal tunnel decompression with median nerve block. Hand therapy office visit, dated May 27, 2014, indicates the injured worker reports she is unable to drive, cook, dress, carry a grocery bag, and do heavy household chores, laundry, doing up buttons, opening jars, and opening doors. She reports severe difficulty (75%) eating, using a computer/mouse and turning a key. She reports moderate difficulty (50%) in writing. As of this visit, the work status is reported as off work. Pain and Rehabilitative office visit note, dated May 27, 2014, indicates the injured worker started physical therapy as of the visit date. She reports she is not sure if the surgery has been helpful and is having some postoperative pain. Work status, as of visit date, is indicated as no repetitive movement/use of the left upper extremity for more than of the work day. Primary treating physician progress report, dated June 09, 2014, indicates injured worker continues to complain of stiffness and is symptomatic postoperatively. She reports the numbness and tingling is mostly resolved. She continues to take pain medication. Treating physician recommends continuation of therapy program to take place over 6 weeks. Work status reported as continues to be off work. Prior utilization review denied request for continue therapy, 2 x 6, at Oakland Hand Therapy on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Continue Therapy, 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 10-12,15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel - Physical Medicine

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines (ODG) allows 3-8 physical therapy (PT) visits over 5-8 weeks for post-surgical treatment of carpal tunnel syndrome. CA MTUS - Physical Medicine allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker has received an unknown number of post-surgical physical therapy (PT) visits; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is not medically necessary.