

Case Number:	CM14-0112736		
Date Assigned:	08/01/2014	Date of Injury:	05/24/2012
Decision Date:	10/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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:

The underlying date of injury in this case is 05/24/2012. The date of the utilization review under appeal is 06/17/2014. The patient's diagnoses are status post right-hand carpal tunnel release. The patient is also status post right shoulder labral tear treated surgically and has the diagnosis of a cervical disc bulge at C5-6 and C6-7. The patient's treating physician saw the patient in follow-up 06/02/2014 and noted that she had been status post carpal tunnel release of 04/22/2014. The patient continued to experience pain in the neck and right shoulder radiating into the right upper extremity. Given the patient's ongoing symptoms, the treating physician recommended physical therapy to the right hand to include ultrasound, massage, and therapeutic exercises. The treating physician also dispensed Motrin for inflammation and swelling, Norco for pain, Soma for spasm, and Xanax for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 units 3x4 right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on carpal tunnel syndrome Page(s): 15.

Decision rationale: The MTUS Postsurgical Treatment Guidelines section on carpal tunnel syndrome, page 15, specifically discussed physical and occupational therapy guidelines for patients with a history of carpal tunnel syndrome. This guideline recommends at most 5 visits after surgery and notes that benefits need to be documented after the first week, and prolonged physical therapy visits are not supported. The current request is thus substantially in excess of the recommendations of the treatment guidelines. The medical records do not provide a rationale for an exception to these guidelines. This request is not medically necessary.