

Case Number:	CM14-0117501		
Date Assigned:	09/22/2014	Date of Injury:	02/27/2013
Decision Date:	10/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/26/2014

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 injured worker is a 46-year-old male who reported an injury on 02/27/2013. The mechanism of injury was lifting. The injured worker underwent a right carpal tunnel release on 03/12/2014. The injured worker attended 7 sessions of postoperative physical therapy. Medications included Norco 10 mg, Ambien 5 mg, and ibuprofen 800 mg. Documentation of 05/01/2014 revealed the injured worker's pain was 6/10. The injured worker was wearing a carpal tunnel wrist splint on the right side. The physical examination revealed the injured worker could make a full fist with no triggering. The injured worker complained of numbness to all 5 fingers on the right hand. There was no hand atrophy. There was no tenderness along the incision line. The diagnosis included status post right open carpal tunnel release on 03/12/2014. The treatment plan included the injured worker had 8 sessions of physical therapy scheduled. The injured worker was noted to have greater subjective complaints than objective findings. The medications Naprosyn and Prilosec were prescribed. Subsequent documentation of 05/29/2014 revealed the injured worker had pain in his back and left hand and occasionally the right hand was noted to be shaking. The physician documented that the injured worker had 7 visits of postoperative physical therapy from his right sided carpal tunnel surgical release. The physical examination revealed some mild pillar tenderness in the right hand. The injured worker could make a full fist without triggering. The injured worker reported slightly diminished sensibility in the 5 digits of his right hand. There was no swelling to the wrist or forearm. The treatment plan included the injured worker could not grip or swing a hammer, and the request was made for physical therapy 2x4 weeks for continued strengthening and work hardening in the right hand. The physician documented the grip strength was about half of the strength on the right when compared to the left. There was request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The California Post-Surgical Treatment Guidelines indicate the postsurgical treatment for carpal tunnel syndrome is 8 visits of therapy. The clinical documentation submitted for review indicated the injured worker had undergone 7 sessions of therapy. The injured worker was noted to have decreased strength; however, there was a lack of documentation of objectification of the strength as the injured worker's grip strength was 20 on the right and 40 on the left, which would support the necessity for further strengthening. However, the request as submitted failed to indicate the quantity of sessions being requested. An additional 8 sessions would be excessive without re-evaluation and there was a lack of documentation of a rationale for the request. Given the above, the request for Post-Op Physical Therapy Right Wrist is not medically necessary.