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| Case Number: | CM14-0122297 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/29/2012 |
| Decision Date: | 11/28/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 08/03/2014 |

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 & Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of May 29, 2012. A utilization review determination dated July 11, 2014 recommends noncertification of physical therapy. Noncertification was recommended since the patient has completed multiple physical therapy sessions in the past. Therefore, the request is modified to certify to sessions to allow for home exercise program training. An operative report dated May 13, 2014 indicates that the patient underwent excision of the right anterior and posterior interosseous nerves, and carpal tunnel release. No progress reports after the surgical intervention have been provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 10-12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has

more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS and 3-8 visits following surgical treatment of CTS. Within the documentation available for review, there is no indication that the patient has undergone postoperative physical therapy. Guidelines recommend a maximum of 8 therapy visits following carpal tunnel release, if the patient has objective improvement from a trial of therapy. Unfortunately, the current request for 10-12 visits exceeds the maximum number recommended by guidelines for this patient's diagnoses, and there is no provision for modification of the current request. In light of the above issues, the currently requested Physical Therapy is not medically necessary.