

Case Number:	CM14-0133093		
Date Assigned:	08/25/2014	Date of Injury:	10/01/2003
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/20/2014

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 Orthopedic Surgery 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 42-year-old female sustained an industrial injury on 10/1/03. The mechanism of injury was not documented. The patient underwent right carpal tunnel release on 3/11/14. The 6/4/14 physical therapy progress report cited continued limited strength in the right hand with tightness and soreness along the scar tissue and weakness with writing and locking/unlocking doors. Wrist flexion was 70 right/75 left and extension 75 right/98 left. Wrist flexion/extension strength was 3+ to 4-/5 on the right and 4/5 on the left. Grip strength was 2 pounds right and 5 pounds left. There was tenderness over the thenar and hypothenar eminences. The patient was independent in home exercise. The 6/23/14 treating physician report indicated the patient had completed 12 physical therapy sessions with continued limitations in range of motion and strength, and scar sensitivity and thickness. She was using a TENS unit in therapy with some improvement in sensitivity. Right grip strength was 50% compared to the left. There was restricted range of motion and tenderness over the carpal tunnel. The treatment plan recommended continued physical therapy 2x6 for the right hand and wrist and a home TENS unit with glove garment. The 7/25/14 utilization review denied the request for additional physical therapy treatment as there was limited documentation of on-going significant deficits requiring skilled care beyond guidelines and the patient should be well-versed in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the right hand and wrist 2 times per week for 6 weeks #12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 3-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There are no current significant functional deficits to support the medical necessity of care far in excess of the general course of postsurgical care. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request is not medically necessary.