

Case Number:	CM14-0135455		
Date Assigned:	08/29/2014	Date of Injury:	05/03/2012
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family 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 43 year-old female with a 5/3/12 date of injury. The patient is status post right carpal tunnel release and tenosynovectomy on 5/20/14. The patient was seen on 7/7/14 with complaints of numbness and tingling. She is noted to be in need of physical therapy for her right hand. She presented with complaints of pain in her left arm, right arm (lateral epicondyle), and neck. She also complained of tingling and numbness in her left hand and fingers. Exam findings revealed spinous process tenderness noted at C5, and C6 with positive Spurling's Maneuver, normal upper limb reflexes, and strength was 4/5 in the elbow flexors on the right (C5) but otherwise normal. Phalen's and Tinel's signs were positive over the wrists bilaterally with tenderness to palpation over the TFCC. The diagnosis is bicipital tenosynovitis and carpal tunnel syndrome status post release. The patient is noted to have had an Electromyography/Nerve Conduction Velocity (EMG/NCV) of the left upper extremity on 7/8/14 with complaints of pain in her left arm, right arm (lateral epicondyle), and neck. Treatment to date: acupuncture, physical therapy, post op physical therapy x12, massage therapy x6, TENS, medications, and HEP. An adverse determination was received on 7/28/14 given there was no evidence of radiculopathy on an Electromyography/Nerve Conduction Velocity (EMG/NCV) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had a carpal tunnel release on 5/20/14 and CA post-surgical guidelines recommended that 3-8 over 3-5 weeks, and for tenosynovectomy 14 visits over 3 months. The patient has had 12 visits of post op physical therapy. No physical therapy notes were submitted in the documentation provided. There is no rationale for additional physical therapy given. It is unclear that additional physical therapy would be beneficial to the patient's decrease in strength of 4/5 in the elbow flexors on the right. In addition, there is no of a time-limited treatment plan with clearly defined functional goals given. Therefore, the request for additional physical therapy 2x4 is not medically necessary.