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| Case Number: | CM14-0136764 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 10/03/2011 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Practice and is licensed to practice in Texas. 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 43 year old female who reported an injury on 10/03/2011. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included cervical discopathy and bilateral carpal tunnel syndrome. The injured worker's past treatments included surgery, approximately 16 physical therapy sessions, and wrist braces. The diagnostic exams included an electromyography study of the bilateral wrist. Her surgical history included a right wrist carpal tunnel release performed 03/19/2014. On 07/29/2014, the injured worker reported that the physical therapy to her right wrist was beneficial and that she had increased range of motion as a result. There was still noted pain in the right wrist after certain activities. She also complained of continued pain in her left thumb after waking up and that the pain in the left wrist was associated with numbness. The physical exam findings revealed that the cervical spine had tenderness to palpation and that muscle spasms were present. There was noted limited range of motion to the cervical spine. An exam of the bilateral wrists indicated a positive Tinel's sign to the right wrist and also diffuses tenderness with pain. Her medications were not indicated in the clinical notes. The treatment plan encompassed 8 post-op physical therapy sessions to the right wrist and 8 physical therapy visits for the cervical spine. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy visits for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The request for 8 physical therapy visits for the right wrist is not medically necessary. The California MTUS Post-Surgical Guidelines state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery. The benefits need to be documented after the first week of surgery and therapy may only be continued for a maximum of 8 visits. The clinical notes indicate the injured worker had a right carpal tunnel release surgery on 03/19/2014 which did warrant a maximum of 8 sessions of physical therapy. She was noted to have completed 16 visits to date. The physical therapy was said to be beneficial from the injured worker, and there was objective documentation indicating objective improvement. However, as she has received approximately 16 physical therapy sessions since the right carpal tunnel surgery, which exceeds the recommend maximum of 8 visits, additional treatment is not supported. As such, the request for 8 physical therapy session to the right wrist is not medically necessary.

8 Physical therapy visits for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for 8 physical therapy visits for the cervical spine is not medically necessary. For unspecified radiculitis, the California MTUS Guidelines may support up to 10 visits of physical therapy to promote functional gains. The injured worker was noted to have limited range of motion to the cervical spine. However, the documentation did not address whether she has been treated with physical therapy for her cervical spine condition since her 2011 injury. In absence of documentation regarding previous physical therapy treatment, the number of visits completed, and whether objective functional gains were made, the request is not supported. As such, the request for 8 physical therapy visits to for the cervical spine is not medically necessary.