

Case Number:	CM14-0139005		
Date Assigned:	09/05/2014	Date of Injury:	08/27/2009
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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:

According to the records made available for review, this is a 63-year-old female with an 8/27/09 date of injury who has undergone Carpel Tunnel Release (unspecified date). On 7/3/14 there was a request for authorization of additional physical therapy for the right upper extremity (8 sessions). At that time there was documentation of subjective complaints of aching pain rated 8/10 and objective findings of tenderness to palpation over the palm, decreased sensation over the right palm, and decreased motor strength over the wrist. Her current diagnosis is listed as Status Post Carpel Tunnel Release, and treatment to date has included at least 9 previous physical therapy treatments. There is no documentation of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or reduction in the use of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right upper extremity x 8 sessions: Upheld

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

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines recommend up to 8 visits of post-operative physical therapy over 5 weeks and a post-surgical physical medicine treatment period of up to 3 months. In addition, the MTUS Postsurgical Treatment Guidelines identify that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the overall course of therapy for the specified surgery. The Definitions section of the MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of Status Post Carpal Tunnel Release. In addition, there is documentation of at least 9 sessions of post-operative physical therapy completed to date, which exceeds guideline recommendations. Furthermore, there is no documentation of functional benefit or improvement as defined by the MTUS. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy for the right upper extremity, x 8 sessions, is not medically necessary.