

Case Number:	CM14-0139888		
Date Assigned:	09/08/2014	Date of Injury:	05/24/2012
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation 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 43 year-old patient sustained an injury on 5/24/12 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 3x4 right hand. Diagnoses include s/p right carpal tunnel release on 4/22/14 and right shoulder arthroscopy for labral pathology. Report of 6/30/14 from the provider noted the patient with ongoing neck and right shoulder pain radiating down right upper extremity. Exam showed cervical spine with spasm, painful decreased range of shoulder with well-healed incision, tenderness at rotator cuff and AC joint; right hand with healed surgical incision, mild adhesion over scar; decreased generalized grip with normal range and motor strength of 5/5 in upper extremities in biceps to hand interossei (C5-T1 bilaterally); diminish sensation to 4th and 5th fingers; and DTRs 2+ symmetrically. Diagnoses include cervical disc bulge at C5-7; labral tear s/p surgical repair, doing well; and CTS s/p CTR. Treatment included PT, medications Motrin, Soma, Norco, and Xanax. The request(s) for Physical therapy 3x4 right hand was non-certified on 7/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions for right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had 12 post-op sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended beyond this post-surgical period. Therefore, the request of twelve (12) Physical therapy sessions for right hand is not medically necessary and appropriate.