

Case Number:	CM14-0141333		
Date Assigned:	09/10/2014	Date of Injury:	04/15/2014
Decision Date:	11/04/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 53 year old female with a work injury dated 4/15/11. The diagnoses include carpal tunnel syndrome- bilateral wrists; tenosynovitis both hands; cervical radiculopathy; cervicgia; disc disorder; bilateral rotator cuff tear. The patient underwent carpal tunnel compression of the median nerve on the left wrist, flexor tenosynovectomy of the hypertrophic synovium of the left wrist, ulnar nerve decompression of the left wrist and distal forearm fascial release of the left wrist on 05/15/2014. Under consideration is a request for additional Post-Operative Physical Therapy to the Left Wrist 3 times per Week x 4 Weeks. There is a primary treating physician report dated 5/14/14 that states that the patient injured her bilateral wrists. Bilateral shoulders, bilateral arms, bilateral hands and cervical spine at work. The patient states she began driving an older school bus whenever her bus broke down. She had to pull much harder on wheel to turn - began having pain and numbness down both arms. She complains of pain to the bilateral elbows; clicking to the left shoulder; pain with overhead arm movements; burning pain to the right wrist has not started physical therapy and aching pain to the wrists. There is a 07/30/14 follow up progress report that states that the patient complained pain of the left wrist. The patient experienced stiffness and locking of the fingers to the left hand, as well as numbness. Upon physical examination, left wrist revealed tenderness over the triangular fibrocartilage, scapholunate ligament, ulnar styloid and radial styloid. There was no atrophy noted. There was numbness and tingling of the left wrist with 1+ swelling over the left wrist. The Finkelstein's test was negative while the Phalen's and Tinel's tests were positive. The left wrist range of motion revealed dorsiflexion at 25 degrees, palmar flexion at 30 degrees, radial deviation and ulnar deviation at 10 degrees. The left wrist muscle strength showed extensor,

flexor, ulnar and radial deviators at 4/5. The patient was diagnosed with carpal tunnel syndrome, bilateral wrists and other tenosynovitis of hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy to the Left Wrist 3 times per Week x 4 Weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Additional Post-Operative Physical Therapy to the Left Wrist 3 times per Week x 4 Weeks is not medically necessary. The documentation indicates that the patient has had at least 11 physical therapy visits. There is no significant evidence of functional improvement documented. The patient has already exceeded the post surgical guideline recommendations for therapy. The patient is beyond the post surgical period. There are no extenuating reasons why the patient cannot perform an independent home exercise program and would require 12 more supervised therapy visits. The request for additional Post-Operative Physical Therapy to the Left Wrist 3 times per Week x 4 Weeks is not medically necessary.