

Case Number:	CM14-0141623		
Date Assigned:	09/03/2014	Date of Injury:	06/16/2010
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Expedited	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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/16/10 while working as a custodian. She was seen on 01/04/14 with low back pain radiating into the legs and with right hand pain. Her past medical history included lumbar spine surgery in March 2011. Pain was rated at 8/10. Medications were helping with pain. Physical examination findings included appearing in distress. There was allodynia over her lumbar surgical scar and she had decreased lumbar spine range of motion and decreased left lower extremity sensation. Percocet 10/325 mg #30, Naprosyn 550 mg #60, Soma 350 mg #60, Norco 10/325 mg #80, Xanax 2 mg #90, Valium 10 mg and Carafate #30 were prescribed. She was to continue home exercises. Urine drug screening was performed. She was to follow-up with her other providers. On 04/30/14 she was having increased right hand and wrist pain rated at 8/10. Approval for lumbar spine hardware removal and a carpal tunnel release were pending. She was seen by the requesting provider on 08/07/14. There was pending carpal tunnel release surgery. She had ongoing complaints of pain rated at "10 +/-10". Physical examination findings included appearing in distress. There was lumbar spine allodynia and tenderness over the coccyx with paraspinal muscle tightness, tenderness, and muscle spasms. She had decreased lumbar spine range of motion and decreased left lower extremity strength. Percocet was discontinued. She underwent an open right carpal tunnel release on 08/11/14. In post-operative follow-up there had been improvement. The assessment references the claimant as stating that she "feels great." She was continued out of work, planned for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week to right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

Decision rationale: The claimant is more than 4 years status post work-related injury. In August 2014 she underwent an open right carpal tunnel release without apparent complication and with what appears to have been an excellent initial result. Post-surgical treatment guidelines following this surgery for up to 3-8 visits over 3-5 weeks with a treatment period of 3 months. While the applicable guidelines give a maximum number of visits, goals can usually be achieved with fewer visits than the maximum recommended. In this case the number of visits requested exceeds the maximum recommended and are not medically necessary.