

Case Number:	CM14-0161335		
Date Assigned:	10/06/2014	Date of Injury:	03/11/2012
Decision Date:	12/02/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 is a patient with a date of injury of March 11, 2012. A utilization review determination dated September 10, 2014 recommends non-certification for additional physical therapy to the right wrist. A utilization review determination dated April 8, 2014 recommends certification for right carpal tunnel release. An operative report dated April 22, 2014 states that right carpal tunnel release was performed. A progress report dated May 22, 2014 identifies subjective complaints of wrist pain which is mild to moderate with activity and some numbness in the ring and 3rd finger. Objective examination findings revealed decreased range of motion in the right wrist. The diagnosis is status post right wrist carpal tunnel syndrome and right shoulder (illegible). The treatment plan recommends home exercises and physical therapy. A progress report dated June 26, 2014 recommends continuing physical therapy and a home exercise program. A progress report dated July 24, 2014 indicates that the right wrist has full range of motion. The treatment plan recommends continuing physical therapy and a home exercise program. A progress report dated September 2, 2014 identifies subjective complaints of some pain in the right wrist with frequent numbness in the middle and ring finger. Objective examination findings reveal bilateral wrists with normal range of motion and 3+ tenderness to palpation in the dorsal, volar, and medial wrist. The treatment plan recommends additional physical therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional Physical Therapy x12 visits RT wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Postsurgical Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Physical medicine treatment

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS and 3-8 visits following surgical treatment of CTS. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.