

Case Number:	CM14-0166490		
Date Assigned:	10/13/2014	Date of Injury:	02/03/2012
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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:

This 63-year-old female [REDACTED] sustained an industrial injury on 2/3/12. Injury occurred due to repetitive work duties. Past medical history was positive for diabetes, hypertension and asthma. The 2/25/14 bilateral upper extremity electrodiagnostic study showed a moderately severe median neuropathy, right greater than left, and mild to moderate right and borderline left ulnar neuropathy at the elbow. There was no evidence of any other peripheral nerve entrapment or peripheral neuropathy. The injured worker underwent right carpal tunnel release on 5/15/14. The injured worker completed 8 sessions of post-op therapy on 7/21/14 and was performing a home exercise program. Eight additional visits were requested. The 8/18/14 treating physician report indicated the injured worker was attending therapy with benefit noted. The 9/22/14 treating physician report cited continued right hand weakness. Physical exam documented flexion/extension 50 degrees, pronation/supination 70 degrees, radial deviation 15 degrees, and ulnar deviation 30 degrees. The treatment plan recommended additional physical therapy 2x4 for the right wrist to develop strength and endurance, range of motion, and flexibility. The 10/3/14 utilization review denied the request for additional physical therapy as the injured worker had completed 16 physical therapy visits to date with no documentation of objective functional improvement with prior therapy and it was not clear why the injured worker could not be directed to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 Times A Week for 4 Weeks for The Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 3-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This injured worker completed an extensive course of post-op physical therapy status post carpal tunnel release. There is a current loss of range of motion documented. There is no documentation of a functional assessment or objective strength loss. Records indicated the injured worker is versed in a home exercise program. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve rehabilitation goals. Therefore, this request for Additional Physical Therapy 2 Times a Week for 4 Weeks for The Right Wrist is not medically necessary.