

Case Number:	CM14-0169403		
Date Assigned:	10/17/2014	Date of Injury:	07/11/2013
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 59 year old female with an injury date of 07/11/13. Per the 07/28/14 report by [REDACTED], the patient presents right hand/wrist pain with soreness rated 4/10 and left hand/wrist pain rated 6/10 with weakness numbness and tingling. The patient is post-operative 03/31/14 right carpal tunnel release. Examination shows right wrist hand wound clean, dry and with no sign of infection. The left wrist/hand has tenderness over the volar and dorsal aspect of the wrist with sensory loss in the median nerve distribution. The patient's diagnoses include: 1. Left carpal tunnel syndrome2. Right carpal tunnel release 03/31/14. The 03/31/14 operative report for right carpal tunnel release was included in the reports provided. The utilization review being challenged is dated 09/19/14. The rationale is that requested visits exceed guidelines and there is no documentation of why home exercise is not adequate and there is no rationale for a need for therapy. Reports were provided from 01/09/14 to 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve (12) sessions (2x6), right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome, Physical Medicine Page(s): 15, 98, 99.

Decision rationale: The patient presents with right hand/wrist pain rated 4/10 with soreness. The provider requests for Physical Therapy; twelve (12) sessions (2x6), right hand/wrist. The reports provided show the patient received right carpal tunnel release 03/31/14. Carpal Tunnel Syndrome (p15, MTUS post-surgical guides) allows postsurgical treatment (endoscopic & open): 3-8 visits over 3-5 weeks. Non post-surgical MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The 07/28/14 report states the patient reports slight improvement of the right wrist. Twelve physical therapy sessions helped. On 04/23/14 the provider states, "P.T. 2x6 weeks for right post-operative rehab is authorized and scheduled for 04/23/14. On 06/30/14 the provider states, "Continue P.T. 2x6 weeks for right hand post op rehab. No physical therapy reports or Request for Authorization are provided. In this case, it appears the patient received 12 post-operative therapy visits starting 04/23/14 and continuing through 06/30/14 within the postoperative period. It is not clear from the reports provided if this request is for the completed postoperative therapy or additional therapy. If the request is for post-operative therapy, 12 sessions exceed what is allowed per MTUS. If the request is for additional therapy, the provider does not state why additional therapy is needed, or discuss functional improvement of past therapy, objective goals of the therapy and why transition to a home treatment program is not possible. Furthermore, 12 sessions of additional therapy exceed what is allowed per MTUS. Therefore, this request is not medically necessary.