

Case Number:	CM14-0022858		
Date Assigned:	06/11/2014	Date of Injury:	06/04/2013
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 45 year old female who reported an injury on 06/04/2013 due to an unknown mechanism of injury. The injured worker complained of bilateral hand numbness and weakness. On 04/23/2014 the injured worker's physical examination revealed tenderness over the medial epicondyle and ulnar nerve. There is decreased range of motion secondary to pain with elbow flexion and extension. The injured worker had a diagnoses of ulnar neuritis of the right elbow and carpal tunnel syndrome bilaterally. The injured worker has completed 6 physical therapy treatments between 01/31/2014-04/30/2014. The injured worker was on the following medications Motrin 800mg, and axid 150mg. The current treatment plan is for post-operative physical therapy times twelve (12). The request for authorization form was dated 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY TIMES TWELVE (12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines state that postsurgical physical medicine treatment for carpal tunnel syndrome is 3-8 visits over 3-5 weeks and the postsurgical physical medicine treatment period is 3 months. The injured worker had 6 physical therapy sessions prior to this request. The request for twelve physical therapy treatment sessions would exceed the recommended number of guidelines. In addition, there is a lack of documentation with regards to functional improvement with the prior therapy. Therefore the request for post-operative physical therapy times twelve (12) is not medically necessary and appropriate.