

Case Number:	CM14-0024317		
Date Assigned:	06/11/2014	Date of Injury:	12/14/2010
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 49 year-old with a date of injury of 12/14/10. A progress report associated with the request for services, dated 01/22/14, identified subjective complaints of pain and stiffness of the right hand. Objective findings included hypersensitivity and decreased grip strength. Diagnoses included carpal tunnel syndrome. Treatment has included a carpal tunnel release on 10/16/13 and 18 subsequent physical therapy sessions. A Utilization Review determination was rendered on 01/29/14 recommending non-certification of "physical therapy three (3) times a week for three (3) weeks for the right wrist".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR THREE (3) WEEKS FOR THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The current request is for additional physical therapy (PT). The California MTUS Postsurgical Guidelines for carpal tunnel repair include a general course of therapy of 3-8

visits over 3-5 weeks, with a postsurgical physical medicine treatment period of 3 months. An initial course of therapy should be tried, which is one-half the number of visits specified in the general course of therapy. Then, with documentation of functional improvement, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy. The Guidelines also specify that after completion of the general course of therapy, if it is determined that additional functional improvement can be accomplished; physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, the Guidelines do state that there is limited evidence demonstrating the effectiveness of physical therapy (PT) or occupational therapy (OT) for carpal tunnel syndrome. Further, the benefits must to be documented after the first week. In this case, the claimant has had 18 sessions of prior physical therapy, which exceeds the guidelines of 3-8 visits, and is outside the postsurgical period. Likewise, previous functional improvement is not documented. Therefore, the record does not document the medical necessity for an additional 8 PT sessions.