

Case Number:	CM14-0024434		
Date Assigned:	06/11/2014	Date of Injury:	05/16/2012
Decision Date:	07/31/2014	UR Denial Date:	02/13/2014
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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 58-year-old male without a specific date of injury, but a repetitive motion injury while performing laundry cleaning duties as part of his employment. These injuries are to his left wrist; that ultimately resulted in the development of carpal tunnel syndrome. The patient underwent an open carpal tunnel release in 10/02/2013. Prior to his surgical procedure, the patient experienced daily wrist pain that is constant all day, worsened by weather changes and driving with persistent numbness and tingling of his left hand. On examination, the patient had a positive Phalen's and Tinel's test bilaterally at his wrists with a mild deficit in both flexion and extension range of motion. An electromyography (EMG) obtained on 6/26/2013 demonstrates mild left median nerve sensory neuropathy at the carpal tunnel. A progress report dated 11/08/2013 documents that the patient had not started physical therapy because he could not complete the requested paperwork due of his language barrier. In dispute is a decision for physical therapy three times per week for four weeks to the left 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 four (4) weeks left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments, Physical Medicine Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Physical/Occupational therapy.

Decision rationale: If post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Afterward and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. According to the Official Disability Guidelines (ODG), for carpal tunnel release post-surgical physical therapy following carpal tunnel release is 3-8 visits over 3-5 weeks, while with the CA MTUS the post-surgical physical medicine treatment period is three months. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. According to the medical documentation provided, the patient had not started physical therapy post-surgically because of his language barrier in completing his intake documentation. As the patient had just undergone carpal tunnel release five weeks prior to the requested physical therapy, such request falls within the stated parameters for authorizing physical therapy to assisting in the patient's post-surgical rehabilitation. The medical necessity of physical therapy is established. The request is certified.