

Case Number:	CM14-0027728		
Date Assigned:	06/16/2014	Date of Injury:	11/16/2008
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old female whose date of injury is 11/16/08. The mechanism of injury is described as cumulative trauma. She complained of neck pain; low back pain; bilateral knee/foot pain; and bilateral hand/wrist pain. She was seen on 11/26/13 with complaints of right and left hand pain 6/10; low back pain 7/10; and right and left knee pain 5/10. The injured worker is status post right carpal tunnel release in 2012 and right knee surgery in April 2013. Physical examination of the wrists revealed left thenar atrophy. Active left wrist range of motion was limited with 55 degrees in palmar flexion and dorsiflexion due to pain. Orthopedic exam revealed positive Phalen's, Tinel's and median nerve compression test on the left. Diagnoses included left carpal tunnel syndrome and the injured worker apparently has been authorized to undergo left carpal tunnel release surgery. A request for 12 postoperative physical therapy visits (2 x week x 6 weeks) was reviewed. Per notification dated 02/13/14, partial approval was recommended for 8 physical therapy visits, and 4 physical therapy visits were not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines Carpal tunnel syndrome Page(s): 16,.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support 3-8 postsurgical visits over 3-5 weeks following either endoscopic or open carpal tunnel release. The request as submitted exceeds guidelines and there are no exceptional factors identified that would warrant treatment in excess of guidelines. As such, the request for physical therapy twice a week for six weeks to the left wrist following carpal tunnel release is not medically necessary and appropriate.