

Case Number:	CM14-0031740		
Date Assigned:	06/20/2014	Date of Injury:	05/04/2013
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 56-year-old female who underwent right carpal tunnel release on 12/16/2013. The patient's diagnosis includes status post right carpal tunnel release. The mechanism of injury was not provided. The clinical note dated 04/10/2014 noted the injured worker was being seen for orthopedic re-evaluation. The patient had complaints of pain in bilateral wrists, right greater than left. Her left wrist pain was noted to radiate to the forearm. It was noted that the patient also had complaints of a tingling sensation and numbness in the bilateral wrists. On physical examination of the right wrist, it was noted that a surgical wound was clean and dry. There was noted stiffness to the wrist with decreased range of motion in flexion and extension; however, there was full supination and pronation, and full grip. There was noted slight numbness to the ulnar aspect of the index finger and middle finger. The clinical note dated 05/19/2014 noted that the injured worker had continued complaints of bilateral wrist pain, right greater than left, and numbness in the right thumb and index finger. It was also noted the patient stated that she had constant numbness in bilateral hands, and that the right pinky was feeling weak. The physical exam found no new clinical exam findings. The clinical note dated 06/30/2014 noted the patient was still experiencing numbness and pain in the right wrist. It was noted that the thumb and number one finger of the right hand were numb all the time and the patient stated she had no feeling in those two fingers. On physical examination it was noted that the surgical site was clean and dry and that the wrist was stiff. The range of motion was restricted in flexion and extension; however, there was full supination and pronation and full grip. There was noted slight numbness in the ulnar aspect of the index finger and middle finger and a 2 point test was less than 5 mm in all of the digits. Muscle strength was 5/5. There was no request for authorization form supplied within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines Page(s): 16.

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

Decision rationale: The California MTUS Guidelines may recommend up to 8 visits over 3-5 weeks of physical therapy for the restoration of flexibility, strength, endurance, function, range of motion, and alleviate discomfort following carpal tunnel release for a post-surgical treatment period of 3 months. This request remains unclear as there is a lack of documentation showing how many actual physical therapy sessions the patient has already received. Additionally, it remains unclear if prior physical therapy provided a therapeutic effect as there are no physical therapy notes provided for review. Furthermore, the provided documentation shows the injured worker underwent surgical treatment approximately 8 months ago, which exceeds the recommended post-surgical treatment period of 3 months. Moreover, there is a lack of significant functional deficit noted within the documentation that would require additional physical therapy versus a more traditional self directed home exercise program. As such, Physical Therapy 2x4 right wrist and hand is not medically necessary.