

Case Number:	CM14-0036447		
Date Assigned:	06/25/2014	Date of Injury:	04/12/2013
Decision Date:	12/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a female patient with the date of injury of April 12, 2013. A Utilization Review dated February 27, 2014 recommended non-certification of retro: physical therapy 2x3 bilateral hand/wrist 12/23/2013. A Progress Report dated December 23, 2013 identifies Subjective Complaints of pain in bilateral wrist and hands, left greater than right. She is post-op left carpal tunnel release three months and post-op right carpal tunnel release six months. Objective Findings identify a 1 healed scar over the carpal tunnel region on the right and a 1 healed scar over the carpal tunnel region/palm of the hand on the left. There is 3+ pain with dorsiflexion and palmar flexion. Diagnoses identify bilateral carpal tunnel release, left middle trigger finger release, and right trigger fingers. Treatment Plan identifies continue with physical therapy two times a week for three weeks for the left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request For Physical Therapy 2x3 Bilateral hand/wrist 12/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Regarding the Retrospective Request For Physical Therapy 2x3 Bilateral hand/wrist 12/23/2013, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS and 3-8 visits following surgical treatment of CTS. Within the documentation available for review, there is documentation of completion of prior PT sessions prior to 12/23/2013, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested Retrospective Request For Physical Therapy 2x3 Bilateral hand/wrist 12/23/2013 is not medically necessary.