

Case Number:	CM14-0039427		
Date Assigned:	06/27/2014	Date of Injury:	04/05/2010
Decision Date:	12/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Medicine, 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 61 years old male patient who sustained an injury on 4/5/2010. The current diagnosis includes bilateral carpal tunnel syndrome. Per the doctor's note dated 9/29/14, he had complaints of triggering of left small and ring fingers. Physical examination revealed left elbow- no signs or symptoms of infection, no gross instability; bilateral hands- good range of motion. Per the doctor's note dated 1/27/14, he had complaints of bilateral wrist/hand pain with radiation to the shoulder and neck with tingling and numbness. Physical examination revealed thenar atrophy, positive Tinel's and Phalen's test. The medication list includes Vicodin, Keflex and baby aspirin. He has undergone right carpal tunnel release on 3/06/14; left carpal tunnel release on 5/13/2014 and left elbow cubital tunnel release on 9/18/14. She has cervical spine X-rays which revealed no acute changes and electrodiagnostic study dated 10/10/12 which revealed which revealed peripheral neuropathy, cubital tunnel syndrome and carpal tunnel syndrome and electrodiagnostic study dated 6/6/13 which revealed bilateral cubital tunnel syndrome and carpal tunnel syndrome. He has had 65 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Any additional physical therapy sessions for the right wrist prior to the carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for chronic pain. He has had extensive physical therapy visits for this injury. There was no evidence of significant progressive functional improvement from the previous physical therapy visits that was documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation could not be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of any additional physical therapy sessions for the right wrist prior to the carpal tunnel release was not established for this patient at this time.

Any additional occupational therapy sessions for the right wrist prior to the carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for chronic pain. He has had extensive therapy for this injury. There was no evidence of significant progressive functional improvement from the previous physical/occupational therapy visits that was documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of Any Additional Occupational Therapy Sessions for the right wrist prior to the carpal tunnel release was not established for this patient at this time.