

Case Number:	CM14-0041850		
Date Assigned:	09/12/2014	Date of Injury:	05/30/2013
Decision Date:	10/06/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopaedic Surgery 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 57-year-old female certified nursing assistant sustained an industrial injury on 5/30/13. Injuries to the neck, right shoulder and right hand were reported trying to stop one of her patients from falling. Past medical history was positive for diabetes mellitus. The patient was diagnosed with a C5/6 disc protrusion, right shoulder rotator cuff tear, mild right ulnar neuropathy secondary to diabetes, and right carpal tunnel syndrome. The injured worker underwent right carpal tunnel release on 12/17/13 and had completed 13 post-op therapy visits. The 3/6/14 treating physician report cited intermittent moderate right hand and wrist pain with associated swelling and weakness. Pain was localized to the carpal tunnel region, worse with use, and improved with rest. Right hand and wrist exam documented minimal to mild right hand swelling, intact sensation, no tenderness to palpation, and mild loss of range of motion in flexion and extension. There was no evidence of wrist instability. Strength was not documented. The treatment plan recommended 12 additional physical therapy visits for local modalities, edema control, range of motion, and strengthening. The patient was provided therapy putty and instructed in use for strengthening. The patient was capable of modified duty with no use of the right arm. Records indicated release to full duty was anticipated on 4/21/14. The 3/24/14 utilization review modified the request for physical therapy and certified 3 visits to allow for transition and monitoring in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 9th edition/ Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release recommend a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. 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. The 3/24/14 utilization review acknowledged the patient's diabetes mellitus as a significant comorbidity. Three additional visits (total 16) were partially certified to ensure the patient was performing her home exercises correctly and to monitor and progress the home program. There is no compelling reason to support the medical necessity of additional supervised therapy beyond that already certified and in the absence of guideline support. There is no specific functional treatment goal identified that could not be achieved with home-based rehabilitation. Therefore, request for Physical therapy is not medically necessary.