

Case Number:	CM14-0045676		
Date Assigned:	06/27/2014	Date of Injury:	11/30/2013
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 22-year-old male with a date of injury of 11/30/2013. The listed diagnosis per [REDACTED] is status post carpal tunnel syndrome. Medical records indicate the patient underwent a carpal tunnel release on 12/06/2013. The progress report immediately following the surgery from 12/11/2013 indicates the patient has a well-healed wound and there is no sign of infection. The patient is able to flex and extend all fingers. There is no pain with passive finger extension. Progress report 02/13/2014 states the patient continues with low back pain and right hand paresthesia. On examination, there is documented decreased sensation of all digits. Examination of the lumbar spine revealed tenderness and decreased range of motion. The treater is requesting physical therapy 2 times a week for 6 weeks for the right wrist and low back complaints. Utilization review denied the request on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 right wrist, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: This patient presents with low back pain and paresthesias and in the right hand. On examination, he had decreased sensation of all digits and the lumbar spine showed tenderness and decreased ROM. The treater is requesting physical therapy 2 times a week for 6 weeks for the right wrist and low back complaints. The medical file provided for review does not discuss physical therapy or provide treatment history. It is likely the patient underwent postoperative physical therapy following the CTR from 12/06/2013. However, it is unclear whether the patient has received any physical therapy for the lower back. In this case, given the patient's continued complaints a short course of 9 to 10 sessions may be warranted, but the treater's request for 12 sessions exceeds what is recommended by MTUS. Therefore the request is not medically necessary.