

Case Number:	CM14-0065743		
Date Assigned:	07/11/2014	Date of Injury:	06/10/2013
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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 and 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:

The patient is a 38 year old female with an injury date of 06/10/13. The 03/25/14 progress report by [REDACTED], states that the patient presents with markedly better pain to the upper right extremity, intermittent numbness and tingling to the upper left extremity, and continued, intermittent lower back pain. On examination there is positive tenderness over the paracervical musculature, positive point tenderness over the right paramedian lower back, and positive diffuse tenderness in the right and left shoulder. The right wrist shows a well healed scar. The patient is released for work with limited use of the right upper extremity. The report states the patient's diagnoses include the following: 1. Status post right carpal tunnel release (01/15/14). 2. Left carpal tunnel syndrome. 3. Cervical strain. 4. Right shoulder pain strain. 5. Low back pain, mechanical/axial low back pain without evidence of lumbar radiculopathy. 6. Leg Length discrepancy, left shorter than the right. The treating Physician requested 18 sessions of physical therapy for treatment of Bilateral upper arm extremities. The rationale is that there have been 14 visits, but there are minimal deficits on the exam, and the patient should be able to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF PHYSICAL THERAPY FOR TREATMENT OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Carpal Tunnel Syndrome, Post Surgical guidelines. Page 15

Decision rationale: The patient presents with upper right extremity pain, intermittent low back pain and intermittent tingling to the left upper extremity. She received right carpal tunnel release on 01/15/14. The 02/18/14 report, by [REDACTED] discusses continued physical therapy 3x6 as part of the postoperative treatment plan. The utilization review letter indicates 14 physical therapy visits. However, the treating Physician did not provide physical therapy records so the exact number of physical therapy visits is unknown. The 03/25/18 report discusses weaning the patient off formal therapy to a home treatment program, but does not discuss specific goals to be accomplished by formal physical therapy. MTUS guidelines state that, "Carpal Tunnel Syndrome postsurgical treatment(endoscopic and open) authorizes 3-8 visits over 3-5 weeks." No discussion was made of a new injury or a decline in function for the patient. Furthermore, an additional 18 visits exceeds what is allowed per MTUS. Therefore the request is not medically necessary.