

Case Number:	CM14-0068200		
Date Assigned:	07/14/2014	Date of Injury:	07/20/2012
Decision Date:	09/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 37 year old who sustained a vocational injury as a retention associate on 7/20/12 as a result of cumulative trauma. The claimant underwent a left carpal tunnel release, left flexor compartment tenosynovectomy and left median nerve neurolysis on 3/14/14. The most recent office note provided for review is dated 3/26/14 that documented good surgical results with decreased numbness and tingling but the claimant was experiencing residual pain. It was also documented that the claimant was status post carpal tunnel release on the right side with significant loss of sensation and function. On examination, the incision on her left wrist was healing, there was mild erythema but no abnormal swelling or tenderness. Pillar pain was noted. This request is for physical therapy x12 sessions for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: California Chronic Pain Medical Treatment Guidelines and the California Post Surgical Treatment Guidelines do not recommend the request for 12 physical therapy visits for the right wrist. The medical records document that the claimant underwent left carpal tunnel release on 03/14/14 with a follow up visit on 03/26/14 at which time the request for 12 visits of physical therapy for the right wrist was made. The California Chronic Pain Medical Treatment Guidelines allow for 8-10 visits over four weeks for neuralgia, neuritis and radiculitis. The California Post Surgical Treatment Guidelines support 3-8 visits over five weeks following carpal tunnel surgical intervention and note that continued therapy will be based on functional demonstrated improvement and in cases where there is no functional improvement demonstrated, post surgical treatment should be discontinued at any time during the post surgical medicine. It is not clear from the medical records when the right carpal tunnel release surgery was performed and the documentation does not identify the amount of physical therapy provided following the right carpal tunnel release procedure, which would be imperative to know prior to considering additional physical therapy for the right wrist. In addition, there are very little abnormal physical exam objective findings presented for review of the right wrist establishing the medical necessity of the requested therapy. Therefore, based on the documentation presented for review regarding the right wrist status post right carpal tunnel release and in accordance with California Chronic Pain Medical Treatment Guidelines, as well as California Post Surgical Treatment Guidelines, the documentation presented via the request for physical therapy x12 sessions for the right wrist cannot be considered medically necessary.