

Case Number:	CM14-0072000		
Date Assigned:	07/16/2014	Date of Injury:	07/28/2011
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 35-year-old female was reportedly injured on August 28, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of left wrist pain and sensitivity as well as right elbow pain. The physical examination demonstrated tenderness over the scar at the volar aspect of the left wrist. There was a positive Tinel's test and Phalen's test. Grip strength was rated at 4/5. The examination of the right elbow noted tenderness at the medial epicondyle. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left and right sided carpal tunnel release as well as 12 sessions of postoperative physical therapy. A request had been made for six sessions of physical therapy and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; Six (6) sessions (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Feuerstein, 1999; O;Conner-Cochrane, 2003; Berhagen-Cochrane, 2004; APTA, 2006; Bilic, 2006; Cook, 1995.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, 3 to 8 visits of physical therapy are indicated after a carpal tunnel release surgery. The available medical records indicate that the injured employee has participated in twelve postoperative physical therapy visits. Considering this, the request for six additional physical therapy visits twice a week for three weeks are not medically necessary.