

Case Number:	CM14-0078322		
Date Assigned:	07/18/2014	Date of Injury:	02/28/2012
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/28/2014

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 subspecialties in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

Treatments included an anterior cervical decompression and fusion on 08/21/12 and she underwent a left right carpal tunnel release on 09/24/13. She was seen on 09/29/13. She had completed physical therapy for her right hand and wanted to undergo the planned left carpal tunnel release surgery. Physical examination findings included tenderness over the right wrist surgical scar. There were positive left Tinel's and Phalen's tests with decreased strength and sensation. On 02/12/14 she was having ongoing difficulty opening jars and cooking with the right hand. There was slightly decreased sensation and a slightly positive Finkelstein test. On 03/12/14 the claimant underwent the left carpal tunnel release. On 04/09/14 she was three weeks status post-surgery. She was no longer having left hand paresthesia. She was having ongoing right upper extremity discomfort attributed to her cervical spine surgery. There were normal post-operative wound findings and limited range of motion of the left fingers and wrist. Continued physical therapy three times per week for six weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week x 6 weeks for left and right wrists and cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS addresses therapy after carpal tunnel surgery with up to 3-8 visits over 3-5 weeks and with a postsurgical physical medicine treatment period of three months. Prolonged therapy visits are not supported. In this case, the claimant's surgeries appear uncomplicated with expected postoperative improvement and she has already had in excess of the recommended number of treatments. In terms of the cervical spine, the claimant's surgery was more than 2 years ago and there is no identified new injury or exacerbation. Providing additional skilled physical therapy services again does not reflect a fading of treatment frequency and would promote dependence on therapy-provided treatments and was therefore not medically necessary.