

Case Number:	CM13-0029113		
Date Assigned:	06/06/2014	Date of Injury:	11/02/2012
Decision Date:	10/02/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 48-year-old female with a November 2, 2012 date of injury. A progress note dated August 6, 2013 documents subjective complaints (decreased grip strength; difficulty forming fist; loss of sensation in fingers; pain and numbness in fingers and hand; weakness in hand; radiation to forearm; difficulty sleeping), objective findings (slight to moderate tenderness of the right long flexor tendon sheath; palpable triggering right long finger; positive Phalen's on the right; positive medial nerve compression on the right; trace positive Tinel's on the right), and current diagnoses (carpal tunnel syndrome). Treatments to date have included medications, nerve conduction studies on July 24, 2013 that showed bilateral carpal tunnel syndrome, and splinting. The medical record indicated that the injured worker needed surgery for the right trigger finger. The treating physician documented a plan of care that included nine sessions of postoperative physical therapy for the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy for the Right Hand/Wrist, (9-sessions, 3 times a week for 3 weeks): Upheld

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

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

Decision rationale: The MTUS Post-Surgical Guidelines, states that 3-8 visits over 3-5 weeks is recommended for carpal tunnel syndrome. The post-surgical time frame is 3 months. MTUS Physical Medicine Section recommends the fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines also states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The treating provider has not provided reason for the request. This patient is no longer within postoperative treatment period, as right carpal tunnel release was on 06/28/13. The treating provider appears to be requesting postoperative PT for anticipated surgery, for which there is no documentation of authorization. Furthermore, the treating provider has not provided a precise treatment history, and the request for 9 sessions of physical therapy would exceed what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.