

Case Number:	CM14-0190338		
Date Assigned:	11/21/2014	Date of Injury:	02/01/2013
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Surgeon 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:

This is a 39 year old female with a 2/1/13 injury date. In a 9/26/14 note, the patient complained of bilateral hand pain, and subsequently underwent right carpal tunnel release. She received post-op physical therapy (PT), with improvement. The patient noted continued pain over the surgical scar on the right hand, and pain and numbness on the left hand. Objective findings included normal digital and wrist range of motion, tenderness over the left wrist volar surface, and a positive Durken's, Phalen's and Tinel's signs of the left wrist. There was decreased sensation to the left 1/2/3 digits. Diagnostic impression: bilateral carpal tunnel syndrome. Treatment to date: right carpal tunnel release, physical therapy. A UR decision on 10/17/14 denied the request for bilateral hand physical therapy 3 times a week for 4 weeks because there was no evidence of the number of prior sessions completed before and after the procedure. Moreover, carpal tunnel release is a relatively simple operation that should not require extended, multiple physical therapy sessions for recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there was no information regarding the number of prior PT sessions for the non-operative left hand or the post-op right hand. It was not possible with the available documentation to judge the validity of future PT treatment. There were no exceptional factors discussed that would necessitate additional post-op PT for the right (operative) hand. Therefore, the request for physical therapy 3 times a week for 4 weeks bilateral hands is not medically necessary.