

Case Number:	CM14-0190393		
Date Assigned:	11/21/2014	Date of Injury:	01/17/2012
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
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 Surgery 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 59-year-old female with a 1/17/12 date of injury. According to a progress report dated 10/29/14, the patient was status post right open long finger trigger finger release on 3/18/14. She also underwent a left open carpal tunnel release and left open long finger trigger finger release on 8/11/14. She rated her pain as 6/10 without pain medications and 5/10 with medications. According to a 10/15/14 physical therapy note, she has completed 6 total physical therapy visits and has been making progress. Objective findings: unable to make a complete fist bilaterally, able to oppose the thumbs to all the digits bilaterally, surgical scars tender to touch, limited active range of motion of left shoulder joint. Diagnostic impression: bilateral carpal tunnel syndrome, status post left carpal tunnel release on 8/11/14 and right carpal tunnel release on 3/18/14, bilateral middle finger stenosing tenosynovitis, right thumb stenosing tenosynovitis, left rotator cuff tear. Treatment to date: medication management, activity modification, surgeries, physical therapy. A UR decision dated 10/31/14 modified the request for physical therapy from 12 sessions to 8 sessions. There is not sufficient documentation or rationale for the number of sessions requested, but as there are continued functional deficits, additional outpatient physical therapy 2 times a week for 4 weeks to the left hand would be medically reasonable and approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2 x 6 to the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS postsurgical treatment guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in the present case, it is noted that this patient has completed at least 6 postsurgical physical therapy visits to date. Guidelines support up to 3-8 visits over 3-5 weeks for postsurgical treatment of carpal tunnel syndrome and 9 visits over 8 weeks for trigger finger release. An additional 12 sessions would exceed guideline recommendations. In addition, the previous UR decision dated 10/31/14 modified this request to certify 8 additional sessions. There is no rationale provided as to why this patient would require 12 additional sessions at this time. Therefore, the request for Associated surgical service: Physical therapy 2 x 6 to the left hand was not medically necessary.