

Case Number:	CM14-0194906		
Date Assigned:	12/02/2014	Date of Injury:	06/26/1999
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation, 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:

According to the records made available for review, this is a 51-year-old female with a 6/26/99 date of injury, and status post left carpal tunnel release, left de Quervain's release 4/8/14. At the time (10/10/14) of request for authorization for Additional Postoperative Physical Therapy 2 times per week for 4 weeks (8 visits), there is documentation of subjective (right lateral epicondylitis pain) and objective (tenderness and right elbow full range of motion) findings, current diagnoses (carpal tunnel syndrome, other tenosynovitis of hand and wrist, and lateral epicondylitis), and treatment to date (surgery and at least 16 previous post-operative physical therapy treatments). There is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postoperative Physical Therapy 2 times per week for 4 weeks (8 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16 and 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Physical Therapy (PT) Other Medical Treatment Guideline or

Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. MTUS Postsurgical Treatment Guidelines identifies up to 14 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome, other tenosynovitis of hand and wrist, and lateral epicondylitis. In addition, there is documentation of status post left carpal tunnel release, left de Quervain's release on 4/8/14 and 16 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. However, there is no documentation of exceptional factors to justify going outside of guideline parameters. In addition, given documentation of a 4/8/14 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Additional Postoperative Physical Therapy 2 times per week for 4 weeks (8 visits) is not medically necessary.