

Case Number:	CM14-0196042		
Date Assigned:	12/04/2014	Date of Injury:	12/20/2012
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 57 year old female reportedly sustained a cumulative work related injury on December 20, 2012 due to repetitive tasks resulting in injury to her shoulders and wrists. Diagnoses include cervical degenerative disc disease (DDD), bilateral epicondyle and tendinitis, decompression right median nerve of the wrist and bilateral cubital and carpal tunnel syndrome. Operative note dated July 10, 2014 documents the injured worker underwent successful right carpal tunnel release without complication. Physical therapy note dated September 25, 2014 provides the injured worker completed 12 sessions of physical therapy post operatively with result being she remains off work with no return date, complains of pain in the right wrist and hand rated between 5-7/10 and utilizes Tramadol Advil and Sudafed. Qualified medical exam dated October 14, 2014 provides the injured worker had electromyography (EMG) on October 18, 2013 with the impression of right carpal tunnel syndrome and left ulnar neuropathy at elbow. Physical exam documented full range of motion (ROM) of wrists and hands, sudomotor function is normal and Finkelstein tests were negative. On November 10, 2014 Utilization Review determined a request dated November 7, 2014 for continued physical therapy 2 times a week for 6 weeks to be denied. Medical Treatment Utilization Schedule (MTUS) post surgical guidelines were cited in the decision. Application for independent medical review is dated November 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 16 states that 3-8 visits over a 3 month period is allowed. The 12 visits have already been authorized and performed. The exam note from 10/14/14 does not demonstrate any objective evidence to exceed the recommended visits postoperatively. Therefore, this request is not medically necessary.