

Case Number:	CM14-0196518		
Date Assigned:	12/04/2014	Date of Injury:	04/20/2012
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
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 Physical Medicine Rehab, 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 53-year-old female with a 4/20/12 date of injury. According to a progress report dated 11/5/14, the patient reported swelling in her right hand and had occasional episodes of sharp pain in her right forearm to elbow. She also complained of burning and deep pain at the left scapula to mid skull on the left side. She complained of frequent headaches which were being treated with acupuncture, but was not helping. She also stated that her cervical spine pain was constant and she had numbness and tingling radiating down her upper extremities. She rated her present pain level as 8-10/10. Objective findings: moderate edema over right wrist, she was unable to make a fist and complained of burning pain, loss of lordosis with complaints of pain at C5-C7, bilateral trapezius, left interscapula, and levator scapula. Diagnostic impression: cervical spine sprain/strain, carpal tunnel release, right wrist (9/11/14). Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 11/19/14 denied the request for 12 sessions of physical therapy. It is unclear what surgical procedure was performed on the right wrist, when the surgery took place, and whether the patient has attended any of the 12 post-operative sessions certified on 8/20/14 have taken place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 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, the number of physical therapy sessions requested was not specified. Guidelines support up to 3-8 visits postsurgical treatment for carpal tunnel syndrome. In addition, it is unclear if she has had any post-surgical physical therapy treatment to date. Therefore, the request for Physical Therapy was not medically necessary.