

Case Number:	CM14-0201829		
Date Assigned:	12/12/2014	Date of Injury:	09/10/2012
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 62 year old female with an injury date of 09/10/12. Based on the 10/24/14 progress report, the patient has undergone right carpal tunnel release surgery on 09/11/14. The patient has completed 8 sessions of physical therapy which has been helpful and overall pain has been improving and using the hand more frequently. The pain over the incision scar is very sensitive, which is at 7/10. The patient also complains of left shoulder pain, which is at 8/10. The patient takes Norco on an occasional basis. The Jamar grip dynamometer strength revealed 08/10/10kg on the right and 16/14/12kg on the left. The right hand has tenderness over the incision scar and volar aspect of the right wrist. The diagnoses include following:1. Bilateral impingement syndrome, shoulders2. Bilateral lateral epicondylitis3. Bilateral de Quervain's stenosing tenosynovitis4. Bilateral carpal tunnel syndrome5. Status post right shoulder arthroscopy, SAD, and bursectomy(11/21/13)6. Status post right carpal tunnel release (09/11/14)The treatment plan is to continue with home exercise and request for additional physical therapy. The patient is to remain off work until 12/08/14. Based on the 09/22/14 report, the pain rate is at 7/10 and instructed to start to use home exercise kit and physical therapy. The treating physician is requesting additional physical therapy 2x4 for right hand and wrist. The utilization review determination being challenged is dated 11/06/14. The requesting physician provided treatment reports from 05/05/14-11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x Wk x 4Wks Right hand, Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical guidelines regarding Carpal Tunnel Syndrome. Page(s): 16.

Decision rationale: This patient presents with post-op right carpal tunnel release. The request is for additional physical therapy 2x4. The utilization review letter shows that the request is partially-certified to approve for 2 times a week for 2 weeks. MTUS post-surgical guidelines, pages 16, regarding Carpal Tunnel Syndrome states 3-8 visits over 3-5 weeks and post-surgical physical medicine treatment period is 3 months. In this case, the reports show that the patient has had 8 sessions of post-operative therapy. The treater notes on 10/24/14 report that therapy has been helpful with overall improvement and the patient is using the hand more frequently. The patient has been doing well and the treater would like the therapy sessions to continue. However, there is no explanation as to why more therapy is needed, and why the patient is unable to transition into a home exercise program. Furthermore, the current request for additional 8 sessions of therapy exceeds what is allowed per MTUS. The request for additional Physical Therapy is not medically necessary.