

Case Number:	CM14-0206533		
Date Assigned:	12/17/2014	Date of Injury:	09/07/2013
Decision Date:	02/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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, 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 42 year old male with the injury date of 09/07/13. Per physician's report 11/10/14, the patient has wrist pain bilaterally. There is tenderness over right wrist. EMG/NCV 11/18/13 reveals carpal tunnel syndrome bilaterally. The patient is currently not working. Per 10/27/14 progress report, the patient has constant hand pain bilaterally with numbing, tingling or swelling, at 6-8/10 depending on his activities. Tinel's sign is positive with tenderness at median nerve on right. The lists of diagnoses are:1) Bilateral carpal tunnel syndrome2) Left hand/wrist derangement3) Pain in left handPer 10/01/14 progress report, the patient has throbbing pain in wrists and fingers bilaterally. Tinel's sign and Durakan's sing are positive on right. Per 09/07/14 AME's report, the patient has had 8 sessions of hand therapy "with excellent gain" The patient is s/p left endo carpal tunnel release on 01/02/14. The utilization review determination being challenged is dated on 12/01/14. Treatment reports were provided from 06/27/14 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 times per week times 4 weeks Right 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 Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his wrists and hands bilaterally. The patient is s/p left endo carpal tunnel release on 01/02/14. The request is for 8 sessions of post-op physical therapy for the right wrist. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter 12/01/14 indicates that the patient has had 20 physical therapy and 24 occupational therapy in the past. Hand therapy reports were provided but physical therapy reports were not provided. None of the reports discuss what can be accomplished with additional therapy or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. It would appear that the patient has had adequate therapy. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the current request for 8 combined 20 already received exceed what is recommended per MTUS guidelines. The request is not medically necessary.