

Case Number:	CM14-0216655		
Date Assigned:	01/07/2015	Date of Injury:	10/20/2011
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 51 year old male, who sustained an industrial injury on 10/20/2011. The current diagnoses are status post left carpal tunnel release and left wrist tenosynovectomy (10/23/2014). The injured worker presents for follow-up visit following left carpal tunnel release. There were no subjective complaints noted in the treating physicians progress note. Treatment to date has included medication, physical therapy, chiropractic, and surgery. The treating physician is requesting physical therapy to the left wrist, which is now under review. On 12/16/2014, Utilization Review had non-certified a request for physical therapy to the left wrist. The physical therapy to the left wrist was modified to provide the claimant with the skilled intervention necessary to maximize rehabilitation potential. The California MTUS Post-surgical Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Wrist 2x3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment (2) Chronic pain, Physical medicine treatment. (3) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is status related injury in October 2011 and underwent a left carpal tunnel release in three years later. Prior treatments have included physical therapy. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore the requested therapy was not medically necessary.