

Case Number:	CM14-0216918		
Date Assigned:	01/16/2015	Date of Injury:	06/01/2010
Decision Date:	03/11/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient's diagnoses include bilateral carpal tunnel syndrome, status post right shoulder rotator cuff repair, right elbow lateral epicondylitis, C7 radiculopathy, anxiety, and depression. The patient was seen in treating orthopedic physician follow-up on 11/19/14. At that time the treating physician noted the patient had continued pain including in the bilateral wrists and hands. The patient was undergoing physical therapy treatment. The treating physician requested authorization for a right carpal tunnel release as well as a left wrist MRI, medications, and continuing physical therapy treatment for strength, range of motion, and pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The California Post-Surgical Treatment Guidelines recommend only limited PT or OT either prior to or after carpal tunnel release surgery. The medical records in this case are not clear if the current request is for pre-operative or post-operative treatment. In either situation, the request is excessive, as the guidelines recommend 3 to 5 visits over 4 weeks after surgery, with a maximum of 8 visits over 5 weeks. Pre-operatively the patient would be anticipated to have transitioned to an independent active home rehabilitation program. The current request is not supported by the treatment guidelines for either pre-operative or post-operative therapy. This request is not medically necessary.