

Case Number:	CM14-0099701		
Date Assigned:	07/28/2014	Date of Injury:	12/03/2012
Decision Date:	01/15/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

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 Pain Medicine 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 patient with a date of injury of December 3, 2012. A utilization review determination dated June 6, 2014 recommends modified certification for the requested 8 visits of physical therapy. Three visits of therapy were recommended since previous visits have caused a flareup. Transition to a home exercise program was recommended. A prescription dated February 19, 2014 recommends 8 therapy visits for a diagnosis of post right ECTR and De Quervain's. A progress report dated February 19, 2014 identifies subjective complaints indicating that the patient underwent right endoscopic CTR and De Quervain's surgery on February 11, 2014. The patient reports that numbness is better following surgery. Physical examination reveals healing surgical incisions with normal thumb and finger range of motion. Wrist range of motion is near-normal, sensory examination is normal, and motor examination is normal. Diagnoses include right De Quervain's and carpal tunnel syndrome status post surgery. The treatment plan recommends continuing wound care and indicates that the patient was instructed in active range of motion exercises. 8 therapy visits are prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Eight (8) Physical Therapy Visits for the Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 8-22.

Decision rationale: Regarding the request for additional physical therapy, Post surgical treatment guidelines recommend 10 visits of postsurgical therapy following ECRB and ECRL debridement. Guidelines recommend a maximum of 8 postsurgical visits following carpal tunnel release. Post surgical guidelines recommend a trial of 50% of the maximum number of recommended therapy sessions. Within the documentation available for review, there are minimal noted objective functional deficits, and it is unclear why they could not be addressed with in independent home exercise program. Additionally, 8 visits exceeds the number recommended by guidelines as a trial for this patient's diagnosis. Unfortunately, there is no provision to modify the current request. As such, the currently requested additional physical therapy is not medically necessary.