

Case Number:	CM15-0003470		
Date Assigned:	02/06/2015	Date of Injury:	12/16/2013
Decision Date:	03/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old female with an industrial injury on 12/16/13. Injury occurred real to wiping the kitchen counter. The 1/9/13 electrodiagnostic study documented severe bilateral medial nerve compression at the wrists, moderate ulnar nerve compression at the near, and mild to moderate left C6 radiculopathy. The diagnoses include carpal tunnel syndrome, ganglion of the hand, and lateral epicondylitis. The 11/20/2014 treating physician report cited bilateral hand numbness with associated tingling and burning, lateral elbow pain with any grip or lift maneuver, and shoulder pain with pain in the muscles around shoulder and neck. The patient had been treated with physical therapy and medication without success. Physical exam revealed myofascial pain and trigger points along the cervical spine and trapezius area. There was point tenderness over the lateral epicondyle, and pain with resisted wrist extension. She had a positive Tinel's, Phalen's and point compression test over the bilateral wrists. The treating physician requested authorization for left carpal tunnel release, left dorsal ganglion excision, and left corticosteroid injection; all of which were certified in the 12/8/14 utilization review. The treating physician also requested two sets of 12 visits to the left upper extremity, and the first set was certified. UR determination on 12/8/14 denied the request for the second set for twelve sessions of physical therapy to the left upper extremity, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy second set of twelve sessions to the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16; 21.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. Guidelines for ganglion removal suggest a general course of 18 visits over 6 weeks when there is a special consideration. Guidelines state that postsurgical physical medicine is rarely needed for ganglionectomy. An initial course of therapy would be supported for one-half the general course up to 9 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The 12/8/14 utilization review certified physical therapy treatment for one set of 12 visits which is reasonable based on the general recommended course of care. There is no compelling reason to support the medical necessity of additional post-operative treatment pending completion of the initial 12 visits and documentation of residual functional deficit, therefore, this request is not medically necessary.