MAXIMUS Federal Services

Case Number:	CM15-0004753		
Date Assigned:	01/16/2015	Date of Injury:	08/10/2012
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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: 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:

The injured worker is a 60 year old female with an industrial injury dated August 10, 2012. The injured worker was diagnosed with status post debridement of triangular fibrocartilage complex (TFCC) and scapholunate tears of the left wrist. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, physical therapy, consultation, and periodic follow up visits. According to the progress note dated 11/4/14, the injured worker reports frequent, moderate pain in the left arm, wrist and fingers with numbness and tingling that radiates to the second, third and fourth fingers. Objective findings revealed palpable effusion in the left wrist joint with tenderness, and evidence of thenar atrophy. Treating physician noted positive carpal tunnel compression, positive Tinel and positive Phalen's sign with decrease range of motion. The treating physician prescribed services for additional physical therapy for the left wrist, 2x4. Utilization Review determination on December 5, 2014 denied the request for additional physical therapy for the left wrist, 2x4, citing MTUS.

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, 2x4: 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.

Decision rationale: The patient presents with left wrist pain rated 5/10 at worst and 1/10 at best and difficulty picking up/carrying objects. The patient's date of injury is 08/10/12. Patient is status post left wrist arthroscopy and debridement on 04/07/14. The request is for PHYSICAL THERAPY FOR THE LEFT WRIST 2X4. The RFA for this request was not provided. Physical examination of the left upper extremity dated 10/30/14 reveals sensory aberration in the ulnar nerve distribution of the left hand and trace atrophy of the first dorsal intraosseus compartment. Tinel's sign is noted to be negative, range of motion is limited at treater reports that patient is unable to touch fingers together. The patient's current medication regimen is not provided. Diagnostic reports included EMG of the upper extremities, significant findings include: "No electrodiagnostic evidence of cervical radiculopathy, plexopathy, or focal peripheral nerve compromise." Patient is currently working.MTUS Guidelines, page 16, recommend post-records surgical treatment of 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical physical medicine treatment period is 3 months.In this case, the patient has continuing pain and loss of function following arthroscopic carpal tunnel surgery on 04/07/14. Records provided indicate that this patient has undergone 12 sessions of post-operative physical therapy ending on 11/05/14. In this case, reports provided to not establish the effectiveness of previous the physical therapy in terms of pain reduction or functional improvement to warrant additional sessions. Additionally, the treater does not explain why the patient is unable to transition into a home program. The current request for 8 combined with 12 already received would exceed what is recommended per MTUS guidelines. Therefore, the request IS NOT medically necessary.