

Case Number:	CM15-0008383		
Date Assigned:	01/23/2015	Date of Injury:	08/11/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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:

This 65 year old male sustained a work related injury on 08/11/2014. According to a progress report dated 12/15/2014, the injured worker complained of right wrist and right knee pain. Symptoms were unchanged. Icing the knee and sitting down alleviated the knee pain. He had alleviation of wrist pain with the use of a brace. Wrist pain was rated 5 on a scale of 0-10 and knee pain was rated 6. Activity increased knee pain to a 9-10. With medication, his pain at rest was a 4 and with activity his knee pain was 8-9. An injection was provided into the carpal tunnel and trigger finger consisting of Dexamethasone and Lidocaine. The assessment included carpal tunnel syndrome right wrist, trigger finger, right long finger and degenerative joint disease right knee. The injured worker was pending consultation for a total knee arthroplasty. According to the provider, the injured worker would return to the office in two weeks and if there was no improvement, he would undergo right carpal tunnel release and trigger finger release. On 12/22/2014, Utilization Review non-certified post-op physical therapy 2 x week x 4 weeks right wrist. Guidelines cited for this review included CA MTUS Forearm, Wrist and Hand Complaints and Postsurgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of post op Physical Therapy to right wrist (2x for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: Per the 12/15/14 report the patient presents with right wrist and right knee pain. The current request is for 8 SESSIONS OF POST OP PHYSICAL THERAPY TO RIGHT WRIST (2X FOR 4 WEEKS) per the 11/11/14 report. The patient is able to return to modified work 12/15/14 to 12/29/14. Carpal Tunnel Syndrome (p15, MTUS post-surgical guides): Carpal tunnel syndrome): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Postsurgical treatment (open): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months. MTUS, Post-surgical treatment guidelines, page 11 states, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." MTUS page 10 states, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery. The 11/11/14 report states that authorization is requested for open carpal tunnel release along with 8 sessions of post op physical therapy. The 12/15/14 report states that the patient is to return in two weeks and if there is no improvement he will undergo right carpal tunnel release as previously requested. In this case, guidelines allow up to 8 sessions post-operatively with an initial course of therapy of up to 4 sessions with additional sessions upon documentation of functional improvement. However, this request is for the full 8 sessions. Furthermore, there is no evidence that surgery has been authorized. The request IS NOT medically necessary.