

Case Number:	CM15-0101606		
Date Assigned:	06/04/2015	Date of Injury:	07/15/2014
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational Medicine

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 (IW) is a 56-year-old male who sustained an industrial injury on 07/15/2014. He reported bilateral hand pain with tingling in his fingers, disturbance in sleep, and grip strength loss. The injured worker was diagnosed as having carpal tunnel syndrome and unspecified neuralgia, neuritis, and radiculitis. Treatment to date has included carpal tunnel release surgery done 01/23/2015 on the right wrist, and carpal tunnel release surgery done 04/17/2015 on the left wrist. Currently, the injured worker is status post right carpal tunnel release in January 2015. On 04/30/2015, the provider encounter for follow up carpal tunnel syndrome bilateral carpal tunnel releases show the left wrist carpal tunnel incision well healed and the worker able to make a full fist. The left wrist sutures were removed. According to the provider notes, it was decided that the physical therapy would be delayed until he had both carpal tunnel releases done before initiating physical therapy. A request is made for Post-operative physical therapy 12 visits bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 12 visits bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 15,16, 98 and 99, Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. However, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy initiated after carpal tunnel syndrome surgery the resultant benefit should be apparent within 3-8 session over 3-5 weeks. The provider has requested more frequent physical therapy but did not provide any reason for more therapy sessions than is recommended by the MTUS. Medical necessity for the frequency and number of PT sessions requested is not medically necessary.