

Case Number:	CM15-0104564		
Date Assigned:	06/11/2015	Date of Injury:	12/15/2014
Decision Date:	08/13/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/01/2015

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, Pain Management

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 58 year old female, who sustained an industrial injury on December 15, 2014. She reported pain, numbness and tingling to her bilateral hands. Treatment to date has included diagnostic imaging, EMG and NCV, work restrictions, physical therapy, orthotics, anti-inflammatory medications and pain medications. The injured worker underwent a left carpal tunnel release on March 27, 2015 and participated in post-operative physical therapy. Documentation on April 16, 2015 reveals the injured worker was improving with physical therapy and was able to make a full fist with very minimal strength. Her surgical wound was healed. She had full range of motion of the left hand although her grip strength was minimal and less than five pounds. She had diffuse tenderness in the palm of the hand in the volar wrist region and was neurologically intact. The diagnoses associated with the request include left carpal tunnel release and right upper extremity strain due to compensatory overuse. The treatment plan includes continuation of post-surgical physical therapy for the left wrist and physical therapy for the right upper extremity two times per week over a two week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 2 weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Pain Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has a history of carpal tunnel release on the left with pain and tenderness on the right attributed to overuse. However, there is no identification of any functional deficits to support the need for a course of physical therapy. Additionally, the utilization reviewer noted that, in teleconference with the provider's office, the request for PT on the right was withdrawn until the patient could be reevaluated. In the absence of clarity regarding the above issues, the currently requested physical therapy is not medically necessary.