

Case Number:	CM15-0135018		
Date Assigned:	07/23/2015	Date of Injury:	04/21/2004
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

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 56 year old male, who sustained an industrial injury on 04/21/2004. He has reported injury to the neck, left shoulder, and bilateral wrists. The diagnoses have included musculoligamentous strain of the cervical spine; chronic pain; cervical radiculopathy; status post cervical spinal fusion C4-5, C5-6; left shoulder pain; status post left shoulder arthroscopic surgery; status post left carpal tunnel release; status post left ulnar nerve transposition; right carpal tunnel syndrome; and right ulnar nerve neuritis. Treatment to date has included medications, diagnostics, epidural steroid injection, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Tramadol, Norflex, Codeine Phosphate Powder 100%, and Ambien. A progress report from the treating physician, dated 06/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased and further pain in the right arm with numbness of all the fingers; pain in the cervical spine with repetitive flexion and extension activities; the numbness in the right hand is getting worse, especially at nighttime and he wakes with throbbing pain; the left hand is also painful, but the right hand is worse; and he is losing the sensation and strength in the right hand. Objective findings included palpable tenderness over the cervical spine paracervical muscles with spasm and guarding; the range of motion is decreased; left arm surgical scar is healed well; there is slight loss of feeling of the left hand and all the fingers; there is palpable tenderness over the right elbow with mild subluxation of the ulnar nerve; and there is positive Tinel's sign for ulnar nerve neuritis and carpal tunnel at the wrist. The treatment plan has included right carpal tunnel release and ulnar nerve anterior transposition. Request is being made for physical therapy x 12 visits for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in April 2004. He is being treated for cervical spine and right upper extremity pain. He was seen on 06/18/15. There was cervical spine tenderness with muscle spasm and guarding and decreased range of motion. There was right elbow tenderness with mild ulnar nerve subluxation and positive Tinel's testing at the elbow and wrist. Authorization for a carpal tunnel release and ulnar nerve transposition was requested as well as 12 postoperative therapy sessions. Guidelines recommend up to 20 therapy sessions over 3 months after a cubital tunnel release and up to 8 visits over 3-5 weeks after a carpal tunnel release. Only partial concurrent treatments would be expected. In this case, the number of treatments being requested is well within the guideline recommendation and can be considered medically necessary.