

Case Number:	CM15-0145162		
Date Assigned:	08/06/2015	Date of Injury:	12/31/2012
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 37 year old female, who sustained an industrial injury on December 31, 2012. The injured worker reported a cumulative injury to the left wrist and left upper extremity secondary to repetitive work activities. The injured worker was diagnosed as having derangement of the shoulder joint not otherwise specified, wrist contusion, wrist tendinitis and bursitis, and carpal tunnel syndrome. Treatment and diagnostic studies to date has included physical therapy, status post left carpal tunnel release on March 06, 2015, medication regimen, electromyogram with nerve conduction study, magnetic resonance imaging four the left wrist, injection of the left wrist, and left hand brace. Qualified medical examination from August 25, 2014 noted twelve sessions of physical therapy performed to the left wrist that was noted to assist the injured worker with relief of symptoms during the beginning of therapy. In a progress note dated July 08, 2015 the treating physiatrist reports complaints of pain to the left hand with numbness and tingling that was noted to be improved. Examination reveals tenderness to the anterior left shoulder, decreased range of motion to the left shoulder, positive impingement testing, positive Phalen's testing to the left wrist, positive Tinel's testing to the left wrist, decreased grip to the left, pain with range of motion to the left wrist, and swelling to the left wrist. The medical records provided did not indicate any prior post-operative physical therapy to the left hand. The treating physician requested physical therapy three times four for a total of twelve sessions for post-operative treatment to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 post-op physical therapy, 3 x 4 weeks, left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p status post left carpal tunnel release on 3/7/15 with 12 post-op PT visits. The Post-surgical treatment guidelines for post carpal tunnel release performed almost 6 months ago may justify for 3 to 5 visits over 4 weeks after surgery and up to the maximums of 8 for open release as benefits need to be documented after the first week, as prolonged therapy visits are not supported. The patient has completed at least 12 PT visits without fading of treatment to an independent self-directed home program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not demonstrated specific limitations in ADLs, post-operative complications, extenuating circumstances or what objective measurable improvements are set from the additional physical therapy requests. The employee has received enough therapy sessions recommended for this post-surgical period. The Additional 12 post-op physical therapy, 3 x 4 weeks, left hand is not medically necessary and appropriate.