

Case Number:	CM15-0147229		
Date Assigned:	08/21/2015	Date of Injury:	12/17/2013
Decision Date:	09/18/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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 45 year old female, who sustained an industrial injury on December 17, 2013. She reported cumulative trauma to her bilateral upper extremities. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and forearm strain. Treatment to date has included diagnostic studies, cortisone injections, therapy, splinting, activity modification and anti-inflammatories. She was noted to have failed all non-operative treatment. On June 18, 2015, the injured worker complained of worsening of her symptoms, particularly the paresthesia during the day and nocturnally. The paresthesias were noted to awaken her from sleep with a positive shake test. Physical examination revealed positive Tinel, Phalen and compression bilaterally with no thumb abductor atrophy. The treatment plan included staged bilateral carpal tunnel releases. A request was made for eight sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 16, 18.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for bilateral upper extremity pain sustained as a result of a cumulative trauma injury. Diagnoses include a strain/sprain of the forearms and bilateral carpal tunnel syndrome. Treatments have included physical therapy and, as of 07/20/15, she had completed 24 skilled occupational therapy treatments and was discharged with a home exercise program. When seen by the requesting provider, she was having worsening symptoms. Physical examination findings included positive Tinel's and Phalen's testing and positive carpal compression. Bilateral, staged carpal tunnel release surgery was planned. Postoperative physical therapy is being requested. After the surgery being planned, guidelines recommend 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. Guidelines recommend an initial course of therapy of one-half of this number of visits. In this case, bilateral surgery is being planned. The therapeutic content after each surgery would be identical. The requested number of initial post-operative therapy visits is in excess of accepted guidelines or what would be expected to be needed to establish an effective independent home exercise program and is not medically necessary.