

Case Number:	CM15-0148600		
Date Assigned:	08/11/2015	Date of Injury:	04/18/2005
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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 62 year old female who sustained an industrial injury on 4-18-05. Her initial symptoms and the nature of the injury are not available for review. There are two progress notes dated 11-5-14 and 12-3-14 available for this review. The most recent progress note indicates that the injured worker complains of right proximal forearm and hand pain, rating "5 out of 10" and left wrist and hand pain, rating "6 out of 10". She has diagnosis of right radial tunnel syndrome and left wrist and hand pain. On examination, her left wrist and hand were noted to be "unchanged". Her right wrist and forearm were noted to have tenderness. However, documentation states that she was in "no acute distress". She has received "therapy" and is currently using a TENS unit. The plan is to proceed with radial tunnel decompression on 1-5-15, continue with post-operative physical therapy, and continue medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy 3x4 right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve Repair: Elbow-Wrist Page(s): 21.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2005 and underwent a right radial nerve decompression in January 2015. Prior to surgery, authorization for 12 postoperative treatments was requested as well. When seen, she was having ongoing bilateral forearm and wrist pain. Physical examination findings included extensor muscle spasms. An additional 12 physical therapy treatment sessions are being requested. Guidelines address the role of therapy following the surgery performed. The post surgical treatment period is 8 months with up to 20 therapy visits over 6 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. Guidelines recommend an initial course of therapy of one-half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed. In this case, the number of treatments already provided is unknown. There is no documentation of functional improvement with the treatments already provided. The request for additional therapy, therefore, is not medically necessary.