

Case Number:	CM15-0149691		
Date Assigned:	08/12/2015	Date of Injury:	07/09/2012
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 49 year old male who sustained an industrial injury on 7-9-2012. He has reported right wrist-hand pain an 8 out of 10, right shoulder pain a 7 out of 10, cervical pain with right upper extremity symptoms a 5 out 10, and low back pain with lower extremity symptoms a 5 out of 10. Diagnoses included right carpal tunnel syndrome, rule out early sympathetically maintained pain syndrome, right upper extremity, right shoulder impingement-tendinopathy-tendinitis, refractory, adhesive capsulitis, and lumbar spine separate claim. Treatment has included medications, activity restriction, stretching, heat, physical therapy, and home exercises. There was a positive Tinel's-Phalen's right. There was diminished sensation medial nerve was to date. Jamar right remained markedly limited, no greater than 5 pounds on 3 attempts. There was tenderness to the cervical and lumbar spine. Range of motion was limited; there was tenderness to the right shoulder anterior aspect. There was swelling to the right shoulder. The treatment plan included Shockwave, medications, and a urine toxicology screen. The treatment request included postoperative physical therapy three times a week for four weeks 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 three times a week for four weeks for the Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Physical Therapy three times a week for four weeks for the right wrist is not medically necessary per the MTUS Guidelines. The MTUS Post-Surgical Treatment Guidelines states that up to 8 post operative therapy visits are recommended post carpal tunnel release. The documentation indicates that right carpal tunnel release was approved however the request exceeds the recommended post surgical visits for this condition therefore this request is not medically necessary.