

Case Number:	CM15-0160666		
Date Assigned:	08/27/2015	Date of Injury:	03/02/2012
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of March 2, 2012. In a Utilization Review report dated July 30, 2015, the claims administrator partially approved request for 12 sessions of postoperative physical therapy for the wrist as eight sessions of the same. The claims administrator referenced a July 10, 2015 order form in its determination. The claims administrator contended that the request represented request for physical therapy following earlier carpal tunnel release surgery. The date of surgery was not furnished. Somewhat incongruously, the claims administrator cited both the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS Postsurgical Treatment Guidelines. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant apparently underwent a right volar carpal ligament release surgery, neurolysis of the median nerve, and release of adhesions of the volar carpal region procedure. In a handwritten July 10, 2015, progress note, difficult to follow, not entirely legible, the applicant reported ongoing complaints of wrist pain. The applicant was placed off work, on total temporary disability. Continued postoperative physical/occupational therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy, 3 X weekly for 4 weeks QTY: 12, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the three-month postsurgical physical medicine treatment period established in the MTUS Postsurgical Treatment Guidelines following earlier carpal tunnel release surgery of April 15, 2015 as of the date of the request, July 10, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of three to eight sessions of therapy following carpal tunnel release surgery, as seemingly transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c4 to the effect that the frequency of visits shall be gradually reduced or discontinued and by commentary made in MTUS 9792.24.3.c4b to the effect that postsurgical treatments shall be discontinued at any time during the postsurgical physical medicine period in applicants and/or cases where no functional improvement is demonstrated. Here, the attending provider's handwritten progress note of July 10, 2015 did not clearly state why such a lengthy, protracted 12-session course of postoperative physical therapy was being sought on or around the 2-1/2-month mark of the date of surgery. It was not clearly established why the frequency of treatments had not been reduced, as suggested in MTUS 9792.24.3.c4. The fact that the applicant remained off of work, on total temporary disability, as of the date of the request, July 10, 2015, furthermore, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy between the date of surgery, April 15, 2015 and the date of the request, July 10, 2015. Therefore, the request was not medically necessary.