

Case Number:	CM15-0162755		
Date Assigned:	08/31/2015	Date of Injury:	02/18/2013
Decision Date:	09/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/19/2015

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, 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 51 year old female, who sustained an industrial injury on 2-18-2013. Diagnoses have included carpal tunnel syndrome and synovial cyst unspecified. Treatment to date has included physical therapy and medication. The injured worker underwent left hand carpal tunnel release with left long finger sympathectomy on 4-24-2015. According to the orthopedic hand surgery progress report dated 8-5-2015, the injured worker complained of stiffness in her left hand. She had not had therapy for over three weeks. Exam of the left hand revealed full, active, digital extension with a proximal interphalangeal joint contracture of approximately 10 degenerative, flexion was to 3cm of the distal, palmar crease. There was a continued mild degree of edema appreciated to the left, long finger. Authorization was requested for physical therapy for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left hand 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This request under dispute pertains to post-operative physical therapy following carpal tunnel surgery. The Post-Surgical Treatment Guidelines of the MTUS recommend 3-8 visits of physical therapy following the surgical treatment of carpal tunnel syndrome (CTS). The time course for this post-op rehabilitation is 3-5 weeks. Therefore, the time frame of the post-surgery PT request (surgery was in April 2015) has been exceeded. At this juncture, the patient should be well versed in a HEP. There is no documentation of failed HEP, and modification of this request as done by the utilization review process is appropriate. The current request is not medically necessary.