

Case Number:	CM15-0163767		
Date Assigned:	09/01/2015	Date of Injury:	04/11/2013
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 54-year-old female, who sustained an industrial injury on 4-11-13. The diagnoses have included bilateral upper extremity overuse syndrome and recurrent right carpal tunnel syndrome. Treatment to date has included medications, physical therapy, acupuncture, diagnostics, right carpal tunnel surgery, injections and other modalities. Currently, as per the physician progress note dated 7-28-15, the injured worker complains of intermittent to frequent moderate dull, achy bilateral wrist status post right carpal tunnel decompression on 6-30-15. The objective findings-physical exam reveals that the injured worker is status post right carpal tunnel decompression and there are no signs of infection, bleeding or erythema. There is a healing surgical scar noted. The previous physical therapy sessions were not noted in the records. The physician requested treatment included 18 physical therapy sessions for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PT Sessions for the BUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome Page(s): 15.

Decision rationale: The patient presents with pain affecting the bilateral upper extremities. The current request is for 18 PT Sessions for the BUE. The treating physician report dated 7/28/15 (8C) states, "Status Post Right Carpal tunnel De compression on 6-30-15." The MTUS-PST guidelines support postoperative physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel decompression. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient is status post right carpal tunnel decompression on 6/30/15. In this case, the current request of 18 visits exceeds the recommendation of 3-8 visits as outlined by the MTUS-PSTG guidelines on page 15 and the 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.