

Case Number:	CM15-0165003		
Date Assigned:	09/02/2015	Date of Injury:	08/20/2009
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 August 20, 2009, incurring injuries to her wrists, right elbow and right shoulder. She was diagnosed with left and right carpal tunnel syndrome, right elbow epicondylitis and right shoulder impingement syndrome. She underwent left carpal tunnel surgery release and right shoulder surgery. Treatment included Electromyography studies, bracing, stretching, activity modifications and pain medications. Currently, the injured worker complained of constant pain in the upper extremities with a pain level of 5 to 8 out of 10 with prolonged standing or repetitive lifting or gripping or use of the upper extremities. She noted increased weakness of the hands, difficulty sleeping and limited activities of daily living secondary to the consistent pain. The treatment plan that was requested for authorization included twelve sessions of physical therapy 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, 12 sessions, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: Physical therapy in the form of passive therapy for the wrist and arm is recommended by the MTUS Guidelines as an option after carpal tunnel release for up to 8 supervised sessions, as recommended by the MTUS Postsurgical Treatment Guidelines. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was recommended 12 sessions of physical therapy for the right wrist to follow right wrist carpal tunnel release, which was being planned. However, this is more sessions than medically necessary for this procedure. This is not medically necessary.