

Case Number:	CM15-0192867		
Date Assigned:	10/06/2015	Date of Injury:	11/19/2014
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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

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 53 year old male who sustained an industrial injury November 19, 2014. Past history included status post right carpal tunnel syndrome and compression with ulnar nerve transposition and carpal tunnel release May 8, 2015, and hypertension. An H-wave compliance and outcome report dated June 2, 2015, finds that the H-wave has helped allowing more housework, better sleep, more family interaction and more mobility after use. Prior to H-wave documentation revealed the injured worker received; medication, TENS (transcutaneous electrical nerve stimulator) unit, physical therapy (unspecified amount and outcome) and performed home exercise. According to a primary treating physician's progress report dated July 22, 2015, the injured worker presented for re-evaluation with complaints of sore pain in the neck, back and elbow. Examination revealed; neck-flexion 32 degrees and extension 25 degrees; back- flexion 72 degrees, extension 20 degrees with tenderness; shoulder- right-left abduction 150-150- degrees and on internal rotation-impingement of both shoulders. The physician documented the injured worker has bursitis of the elbow (unspecified) and may need surgery should it worsen. Diagnoses are status post right carpal tunnel and cubital tunnel syndrome; lumbosacral sprain, strain; mild facet arthropathy L4-L5 per MRI March 3, 2015; multi-level cervical disc disease; impingement syndrome of the bilateral shoulders per MRI March, 2015; headaches, etiology unknown. Treatment plan included referral to pain management and an office visit follow-up, both authorized, non-steroidal anti-inflammatory medication non-narcotic analgesics, and physical therapy- aquatic therapy. At issue, is a request for authorization dated August 26, 2015, for additional post-surgical rehabilitation services, right arm, Quantity: 12. According to utilization review dated September 2, 2015, the requests for office visit follow-up Quantity: (1) and a pain management consultation Quantity: (1) were certified. The request for additional post- surgical rehabilitation services right arm is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post surgical rehabilitation services right arm Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

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

Decision rationale: Review indicates the patient is status post right carpal tunnel and cubital tunnel release on 5/8/15 with post-op rehab therapy now with request for an additional 12 sessions. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. Additionally, postsurgical treatment course include recommendation for 20 total PT visits over 3-month period for cubital tunnel release procedure. The patient has completed post-op therapy sessions without fading of treatment to an independent self-directed home program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not demonstrated specific limitations in ADLs, post-operative complications, extenuating circumstances or what objective measurable improvements are set from the additional physical therapy requests. Reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. There is no new information or reports documenting functional improvement from the post-op PT visits rendered to support further therapy. The additional post surgical rehabilitation services right arm Qty: 12.00 is not medically necessary and appropriate.