

Case Number:	CM15-0192872		
Date Assigned:	10/06/2015	Date of Injury:	11/19/2014
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 53 year old male who sustained an industrial injury on 11-19-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist carpal tunnel syndrome and cubital tunnel syndrome right elbow. Per the primary treating physician's re-evaluation and comprehensive med-legal report dated 7-22-2015, the injured worker reported soreness in the neck and back. He was noted to be doing well post-operatively and additional post-surgery rehabilitation was recommended. According to the progress report dated 8-26-2015, the injured worker had recent cubital and carpal tunnel surgery- "both less N-T." This report did not include a physical exam. The treatment plan was for additional physical therapy. Per the treating physician (8-26-2015), the injured worker was temporarily totally disabled. Treatment has included right carpal and cubital tunnel surgery (6-9-2015), H-wave device and medication. The request for authorization was dated 8-26-2015. The original Utilization Review (UR) (9-14-2015) denied a request for post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy (sessions) Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy #12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome and cubital tunnel syndrome right elbow. Date of injury is November 19, 2014. Request for authorization is September 2, 2015. According to the August 26, 2015 progress note, the injured worker status post cubital and carpal tunnel syndrome. The documentation is largely illegible. Subjectively, the documentation states the injured worker underwent recent cubital and carpal tunnel syndrome. There is no physical examination. The treatment plan states continue physical therapy. There are no physical therapy progress notes. There is no documentation demonstrating objective functional improvement. The total number of physical therapy sessions is not documented. There are no compelling clinical facts indicating additional physical therapy is warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, illegible and incomplete documentation, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, postoperative physical therapy #12 sessions is not medically necessary.