

Case Number:	CM15-0205416		
Date Assigned:	10/22/2015	Date of Injury:	09/18/2008
Decision Date:	12/08/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 48 year old male who sustained an industrial injury on 9-18-08. The injured worker reported hand discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for carpal tunnel syndrome, post-laminectomy syndrome, and impingement syndrome and sprain strain of lumbosacral spine. Medical records dated 9-21-15 indicate "moderate to severe" right hand and wrist pain. Provider documentation dated 9-21-15 noted the work status as temporary totally disabled. Treatment has included status post laminectomy (9-29-15), Oxycodone, Tylenol, Gabapentin, Acetaminophen, activity modification, radiographic studies, magnetic resonance imaging, electromyography, nerve conduction velocity study. Objective findings dated 9-21-15 were notable for right hand wrist with "volar wrist region tenderness", positive Tinel and Phalen's sign, positive carpal tunnel compression test, sensation decreased to median nerve distribution. The original utilization review (9-16-15) denied a request for Physical Therapy x 6 to the Left Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 to the Left Wrist: Upheld

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

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

Decision rationale: The 48 year old patient complains of bilateral hand pain and right shoulder pain, as per progress report dated 09/03/15. The request is for physical therapy x 6 to the left wrist. The RFA for this case is dated 09/04/15, and the patient's date of injury is 09/18/08. The patient is status post left carpal tunnel release on 07/28/15, as per operative report. The patient is status post lumbar laminectomy and fusion on 09/29/15 (after the UR denial date), as per the operative report, status post left shoulder claviclectomy, and status post prior cervical discectomy and fusion, as per progress report dated 09/03/15. Diagnoses included bilateral carpal tunnel syndrome, cervical post-laminectomy syndrome, bilateral shoulder impingement syndrome, and lumbosacral spine sprain/strain. Medications included Vicodin, Gabapentin, Lunesta, Prilosec, Ultram, Diclofenac, Fluoxetine, and Buspirone. Diagnoses, as per progress report dated 08/20/15, included lumbar stenosis. The patient is not working, as per progress report dated 09/03/15. MTUS post-surgical guidelines, page 16 under Carpal Tunnel Syndrome, recommends post-surgical treatment of 3-8 visits over 3-5 weeks. The post-surgical physical medicine treatment period is 3 months. In this case, the patient is status post left carpal tunnel release on 07/28/15, as per operative report. The patient has completed 8 sessions of post-operative physical therapy, as per therapy report dated 09/14/15. The sessions led to reduced pain and numbness and slight increase in strength, as per the same report. As per physician progress report dated 09/03/15, the patient had six sessions of post-operative therapy, and response to therapy has been good; patient is encouraged with gains being made. Improved function and functional restoration are expected with additional therapies. The treater is, therefore, requesting for additional therapy. The treater, however, does not explain why the patient has not transitioned to a home exercise regimen and get similar benefits from it. Additionally, MTUS only recommends on 3-8 physical therapy visits in patients undergoing carpal tunnel release. Hence, the request is not medically necessary.