

Case Number:	CM15-0208450		
Date Assigned:	10/27/2015	Date of Injury:	06/11/2011
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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 54 year old male, who sustained an industrial injury on 6-11-11. He reported finger lacerations and pain in the neck and right shoulder. The injured worker was diagnosed as having right carpal tunnel syndrome, right upper extremity overuse syndrome, and right De Quervain's tenosynovitis. Treatment to date has included at least 30 physical therapy sessions, 3 epidural injections, acupuncture, right carpal tunnel release on 8-4-15, and medication including Norco and Zolpidem. Physical exam findings on 9-21-15 included active range of motion in the right wrist was within functional limits. Strength was noted to be 3 of 5. On 9-21-15, the injured worker complained of right wrist pain rated as 8 of 10. The treating physician requested authorization for physical therapy for the right wrist x10. On 9-25-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 10 treatments, right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The patient was injured on 06/11/11 and presents with pain in his neck, right shoulder, and finger lacerations. The request is for Physical Therapy 10 treatments, right wrist. There is no RFA provided and the patient's current work status is not provided. On 08/04/15, the patient underwent a right carpal tunnel release. MTUS, post-surgical guidelines page 15, recommends 3-8 visits over a period of 3-5 weeks for patients undergoing a carpal tunnel release. The post-surgical time frame is 3 months. The patient is diagnosed with right carpal tunnel syndrome, right upper extremity overuse syndrome, and right De Quervain's tenosynovitis. Treatment to date has included at least 30 physical therapy sessions, 3 epidural injections, acupuncture, right carpal tunnel release on 8-4-15, and medication including Norco and Zolpidem. It is unclear if the patient had any physical therapy after his carpal tunnel release. In this case, the requested 10 sessions of physical therapy exceeds what is allowed by MTUS guidelines. The request is not medically necessary.