

Case Number:	CM15-0209216		
Date Assigned:	10/28/2015	Date of Injury:	10/09/2014
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 69 year old female, who sustained an industrial injury on 10-9-14. The injured worker was diagnosed as having bilateral forearm synovitis and tenosynovitis unspecified; sprain of unspecified site of elbow and forearm; bilateral carpal tunnel syndrome. Treatment to date has included status post right carpal tunnel release (7-9-15); right carpal tunnel sleeve; physical therapy; medications. Currently, the PR-2 notes dated 9-3-15 indicated the injured worker complains of pain and numbness are slowly improving with therapy. She is a status post right carpal tunnel release on 7-9-15 with 6 sessions of postoperative physical therapy. The provider notes "A detailed examination of the upper extremities was performed. There is slight tenderness over the right carpal tunnel scar. The Tinel's and Phalen's tests are positive at the left carpal tunnel and negative at the right. She has a diagnosis of status post right carpal tunnel release, left carpal tunnel syndrome and bilateral forearm tendinitis. His treatment plan is to continue with OT twice weekly for the next 6 weeks to work on stretching, modalities and strengthening for the right hand." A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 10-8-15 and non-certification for Physical therapy, right hand, 2 times weekly for 6 weeks, 12 sessions. A request for authorization has been received for Physical therapy, right hand, 2 times weekly for 6 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right hand, 2 times weekly for 6 weeks, 12 sessions: 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) Carpal tunnel syndrome-physical medicine treatment.

Decision rationale: Physical therapy, right hand, 2 times weekly for 6 weeks, 12 sessions is not medically necessary per the MTUS Guidelines and the ODG. The MTUS recommends a transition to an independent home exercise program from supervised therapy. The ODG recommends up to 8 visits of PT after carpal tunnel release. The request exceeds this number of visits. The patient has already had postoperative PT and should be versed in a home exercise program. There are no extenuating factors necessitating 12 more postoperative PT visits therefore this request is not medically necessary.