

Case Number:	CM15-0027210		
Date Assigned:	02/19/2015	Date of Injury:	10/15/2010
Decision Date:	05/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on 10/15/2010. She reported pain and swelling of the left hand. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included x-rays, carpal tunnel release on 08/24/2011, left redo carpal tunnel release on 11/12/2014, physical therapy and medications. According to a physical therapy progress report dated 01/13/2015, the injured worker was instructed in the independent performance of a home exercise program. According to a progress report dated 01/08/2015, the injured worker reported that the surgery did not improve the symptoms at all. She still experienced numbness, tingling and weakness. She was instructed to continue the current therapy protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist - 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 15-16, 20.

Decision rationale: According to the physical therapy note of 1/6/2015, this worker stated "she would like to not continue physical therapy after her remaining two visits. She feels therapy has not worked for her in the past and she has not felt any change in symptoms." This worker has had several physical therapy sessions between 12/9/2014 and 1/13/2015 with no improvement in function other than a slight increase in grip strength. The MTUS post-surgical guidelines for flexor tenosynovectomy allow for 14 visits over 3 months and for carpal tunnel syndrome, 3-8 visits over 3-5 weeks. The guidelines state, "With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." In this case, the worker has not had significant functional improvement with several sessions of physical therapy in the first month. The physical therapy record indicates she is not compliant with the home exercise program. Continued physical therapy is not likely to be beneficial and based on the guidelines is not warranted. Therefore, this request is not medically necessary.