

Case Number:	CM15-0211462		
Date Assigned:	10/30/2015	Date of Injury:	04/20/2015
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 54 year old female who sustained a work-related injury on 4-20-15. Medical record documentation revealed the injured worker was being treated for status post right endoscopic carpal tunnel release of the right wrist on 9-1-15 and status post left endoscopic carpal tunnel release and tendon sheath incision of the left thumb on 9-29-15. On 9-10-15 the injured worker reported that her right wrist numbness and pain were improving. Her right wrist was healing well. She had mild tenderness to palpation at the right volar wrist and slightly decreased right wrist range of motion. On 10-8-15, she reported the numbness and pain were improving in the left wrist. The left wrist surgical incision was healing well and without erythema. She had mild tenderness to palpation over the left volar wrist and her left wrist range of motion was slightly decreased. She had mild swelling of the left thumb and mild tenderness to palpation at the surgical site. Diagnoses included bilateral carpal tunnel syndrome, and bilateral pain in wrists. A request for physical therapy three times per week for the bilateral wrists (quantity of 12) was received on 9-25-15. On 10-9-15 the Utilization Review physician modified physical therapy three times per week for the bilateral wrists (quantity of 12) to four sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times weekly, bilateral wrists QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: This is a request for 12 therapy sessions following September 2015 carpal tunnel release and trigger thumb release. The California MTUS guidelines support 3-8 therapy sessions following carpal tunnel surgery (page 16) and 9 visits following trigger finger surgery (page 22); the trigger finger guidelines which allow the most visits would be appropriately applied in this case (treatment will be performed concurrently for both problems and therefore the need for therapy is not additive). An initial course of therapy is defined as one half the maximal number of therapy sessions on page 10 and further therapy up to the maximum number is appropriate if there is documented functional improvement as defined on page one of the Guidelines with the initial course of therapy. This request for 12 therapy sessions exceeds Guidelines and is not medically necessary.