

Case Number:	CM15-0216421		
Date Assigned:	11/06/2015	Date of Injury:	02/09/2012
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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, Hawaii

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 34 year old male who sustained an industrial injury on 02-09-2012. A review of the medical records indicated that the injured worker is undergoing treatment for right carpal tunnel syndrome, right proximal pole necrotic scaphoid (per MRI) and right wrist sprain and strain. The injured worker has a medical history of diabetes mellitus, hypertension and sleep apnea. The injured worker is status post right carpal tunnel release on 06-30-2015 and biceps tendon repair in 04-2013. According to the treating physician's progress report on 10-02-2015, the injured worker continues to experience right wrist pain, cramping, swelling and numbness and tingling of the digits. Examination demonstrated decreased range of motion with tenderness at the scars. According to the progress report the bilateral wrist range of motion were equal and documented at flexion 60 degrees, extension 50 degrees, ulnar deviation 30 degrees, radial deviation at 10 degrees, and pronation and supination at 70 degrees each. There were no official diagnostic tests reported. Prior treatments have included diagnostic testing, surgery, physical therapy (6 sessions post-op), transcutaneous electrical nerve stimulation (TENS) unit, spica splint and medications. Current medications were listed as Tramadol and Prilosec. Treatment plan consists of continuing with transcutaneous electrical nerve stimulation (TENS) unit and the current request for additional physical therapy to the right hand (18 additional sessions). On 10-21-2015, the Utilization Review determined the request for physical therapy to the right hand (18 additional sessions) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right hand/carpal tunnel (18 additional sessions): 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 patient presents with pain affecting the right hand. The current request is for Physical therapy to the right hand/carpal tunnel (18 additional sessions). The treating physician report dated 10/2/15 (65B) states, "Request post-op physical therapy of the right hand." MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel syndrome. The MTUS-PST guidelines only provide a total of 3-8 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received sessions of postoperative physical therapy for the right hand previously. The patient is status post carpal tunnel syndrome surgery. In this case, the patient has received an unknown quantity of sessions of physical therapy to date and the current request of 18 visits exceeds the recommendation of 3- 8 visits as outlined by the MTUS-PSTG guidelines. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.