

Case Number:	CM15-0216617		
Date Assigned:	11/06/2015	Date of Injury:	03/10/2011
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
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

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 female who sustained an industrial injury on 3-10-2011. A review of medical records indicates the injured worker is being treated for cervical spine discopathy, lumbar spine discopathy, bilateral hand wrist carpal tunnel syndrome, and status post right carpal tunnel release. Medical records dated 9-25-2015 noted right hand pain rated 7 out of 10 and aching left hand pain rated 6 out of 10. Pain is slightly better than the last visit. Physical examination noted tenderness to bilateral hands, there was positive medial nerve sensation on the left with Tinel's and Phalen's sign was positive. There was pain radiating to the forearm to both wrists and some pain to the right shoulder and right trapezius with full but painful cervical range of motion. Treatment has included surgical intervention and ibuprofen since at least 5-28-2015. She is not currently working. Utilization review form dated 10-12-2015 noncertified additional visits of physical therapy-right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional visits of physical therapy - right hand Qty: 8.00: 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: Review indicates the patient is s/p right carpal tunnel release on 6/10/15 with 8 postop PT visits. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has completed 8 sessions without fading of treatment to an independent self-directed home program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not demonstrated specific limitations in ADLs, post-operative complications, extenuating circumstances or what objective measurable improvements are set from the additional 8 physical therapy requests for a total of 16 treatments, beyond guidelines criteria. The employee has received enough therapy sessions recommended for this post-surgical period and should have been transitioned to a HEP. The Additional visits of physical therapy - right hand Qty: 8.00 is not medically necessary and appropriate.