

Case Number:	CM15-0219895		
Date Assigned:	11/12/2015	Date of Injury:	03/15/2013
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/09/2015

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 37 year old female, who sustained an industrial injury on 3-15-2013. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included diagnostics, right shoulder surgery in 2013, left carpal tunnel release 7-10-2015, physical therapy, and medications. On 8-28-2015, the injured worker complains of a burning sensation over her incision over the past week. Left wrist pain was rated 5 out of 10 (rated 3-4 on 7-21-2015). She was currently attending post-operative therapy and reported improved symptoms (PR2 report 8-25-2015 noted physical therapy for her carpal tunnel "did not help to reduce her pain"). Current medications included Ultracet and Prilosec. Exam of the left wrist and hand noted a well-healed surgical scar, tenderness to palpation on the thenar eminence, stable joint with range of motion, no instability with manipulation or weight bearing, strength 5- of 5 interossei, thenar, ECR, biceps and deltoid, and normal sensation. Range of motion was flexion 75, extension 70, radial dev 20, ulnar dev 35, pronation 70, and supination 85. Range of motion measurements were unchanged from 7-21-2015. She was recommended Gabapentin cream for burning pain over her incision. The treatment plan included continued physical therapy for her left hand, 2x6. Work status was total temporary disability. The number of post-operative physical therapy sessions attended to 8-28-2015 was not clear. Therapy progress reports for the left hand were not noted. On 10-09-2015 Utilization Review non-certified a request for 12 physical therapy sessions for the left hand with evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the left hand with evaluation: 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 neck complaint and improved radicular hand complaints on the left following surgery. The current request is for 12 physical therapy sessions for the left hand with evaluation. Surgical report dated 7/10/15 documented left carpal tunnel release. The treating physician report dated 10/8/15 states, "PT to the cervical spine with no relief. The patient continues to work full duty with some restrictions." The MTUS Post-Surgical treatment guidelines state, Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. In this case, the treating physician documents in the 8/28/15 report that the patient is attending post-surgical physical therapy. The current request for an additional 12 sessions exceeds the guideline recommendations. There is no medical rationale explaining why the patient requires care above the guideline recommendations or why the patient has not transitioned to a home exercise program. The current request is not medically necessary.