

Case Number:	CM15-0035872		
Date Assigned:	03/04/2015	Date of Injury:	02/27/2012
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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 50 year old female injured worker suffered an industrial injury on 2/27/2012. The diagnoses were bilateral carpal tunnel syndrome. The diagnostic studies were electromyography. The treatments were left carpal tunnel release, occupational and physical therapy. The Utilization Review Determination on 1/28/2015 non-certified Physical Therapy for treatment of Left Wrist (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for treatment of Left Wrist (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with unrated pain in the left hand. The patient's date of injury is 02/27/12. Patient is status post left carpal tunnel release on 10/14/14. The request is for PHYSICAL THERAPY FOR TREATMENT OF THE LEFT WRIST. The RFA is dated

01/20/15. Physical examination dated 01/08/15 reveals a healed incision, no other physical findings are included. The patient's current medication regimen was not provided. Diagnostic imaging was not provided. Patient's current work status is not specified. MTUS Guidelines regarding post-surgical physical therapy for carpal tunnel syndrome allow for 3-8 visits over 3-5 weeks. The post-surgical time frame is 3 months. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 8 additional sessions of post-operative physical therapy for this patient's continuing post-surgical wrist pain, the treater has exceeded guidelines. Records provided indicate that this patient has completed at least 3 sessions of physical therapy directed at her wrist following surgery, the last being 01/12/15. The provided notes do document analgesia and functional improvement attributed to physical therapy, though do not provide a reason as to why this patient is unable to transition to home based therapy. Given that this patient has already completed at least 3 post-operative physical therapy sessions, another 8 sessions would exceed guidelines. Furthermore, there is no documentation of significant continuing functional deficit to warrant additional therapy. Therefore, the request IS NOT medically necessary.