

Case Number:	CM15-0038716		
Date Assigned:	03/09/2015	Date of Injury:	11/01/2013
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 38 year old female, who sustained an industrial injury on 11/1/13. On 3/2/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of bilateral wrists becoming worse with numbness and discomfort. The diagnoses have included extensor tendinitis bilateral wrists; carpal tunnel syndrome; over-use syndrome bilateral upper extremity. Treatment to date has included bilateral wrist braces; physical therapy and medications. Diagnostic studies included an EMG/NCV bilateral upper extremities normal (10/5/14); x-ray cervical spine (7/31/14); x-rays bilateral hands (9/11/14); MRI right upper extremity (1/6/15); MRI left upper extremity (1/6/15). A Utilization Review was completed on 1/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop physical therapy 2 times a week times 6 weeks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy two times per week times six weeks to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is carpal tunnel syndrome, bilateral wrists; extensor tendinitis bilateral wrists; and overuse syndrome, bilateral upper extremities. Electrodiagnostic studies were performed on November 5, 2014. The results showed normal bilateral upper extremity EDS. There were normal bilateral median motor and sensory nerve conduction studies without electrodiagnostic evidence of median nerve neuropathy across the wrists. A request for postoperative physical therapy was requested based on anticipated surgery for carpal tunnel syndrome. Electrodiagnostic studies were performed and based on the normal results, right carpal tunnel release surgery was noncertified. Right carpal tunnel surgery was not medically necessary. Because right carpal tunnel surgery was not medically necessary, postoperative physical therapy is not clinically indicated. Consequently, absent clinical documentation with authorization for carpal tunnel release surgery with normal electrodiagnostic studies, postoperative physical therapy two times per week times six weeks to the right wrist is not medically necessary.