

Case Number:	CM15-0041127		
Date Assigned:	03/11/2015	Date of Injury:	04/30/2001
Decision Date:	05/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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, Arizona
 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 58-year-old female who reported an injury on 04/30/2001. The mechanism of injury involved repetitive activity. The current diagnosis is status post bilateral carpal tunnel release. The injured worker presented on 01/21/2015 for a follow-up evaluation with complaints of persistent left hand pain. The injured worker also reported stiffness of the right hand. Upon examination, the provider noted no acute neurological changes and negative instability. There was tenderness over the dorsal compartment without acute lymphatic changes. Recommendations included a left de Quervain's release, with excision of a mass and preoperative clearance. Physical therapy or chiropractic therapy was recommended 3 times per week for a duration of 6 weeks. The injured worker was instructed to continue with the home exercise regimen and over the counter Tylenol or Aleve. A Request for Authorization form was submitted on 02/04/2015 for 18 sessions of physical therapy, as it was noted that the injured worker was status post bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy or chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT); Manual therapy & manipulation. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Physical Medicine Guidelines; Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. In this case, it is noted that the injured worker is status post bilateral carpal tunnel release. However, it is unclear whether the injured worker has participated in a previous course of postoperative physical therapy. The current request for 18 sessions of physical therapy exceeds guideline recommendations. Furthermore, the California MTUS Guidelines do not recommend manual therapy and manipulation for the forearm, wrist, or hand. Given the above, the request is not medically necessary at this time.