

Case Number:	CM15-0054747		
Date Assigned:	03/30/2015	Date of Injury:	06/18/2012
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 57 year old male, who sustained an industrial injury on 6/18/12. He reported pain in the neck, shoulders and upper extremities. The injured worker was diagnosed as having right shoulder impingement, cervical spine sprain, left shoulder surgery and bilateral carpal tunnel syndrome. Treatment to date has included an EMG/NCV study and pain medications. As of the PR2 dated 2/16/15, the injured worker reports pain in his neck and shoulder and numbness in his hands. The treating physician noted decreased strength and range of motion. The treating physician requested physical therapy x 24 sessions to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post-operative physical therapy visits 3 times a week for 8 weeks for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient presents with bilateral wrist pain. The current request is for 24 post-operative physical therapy visits 3 times a week for 8 weeks for right wrist. The treating

physician has requested that the patient have a bilateral carpal tunnel release, with the right side being worse than the left, and 24 post-operative physical therapy visits. (93B) The MTUS guidelines state, "There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical treatment (open): 3-8 visits over 3-5 weeks". In this case, the treating physician has requested an amount which would exceed the recommended guidelines and the patient is not in the post-surgical state nor is there a surgical date set. The current request is not medically necessary and the recommendation is for denial.