

Case Number:	CM15-0082479		
Date Assigned:	05/04/2015	Date of Injury:	03/17/2014
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 45-year-old male who sustained an industrial motor vehicle accident injury on 03/17/2014. The injured worker was diagnosed with carpal tunnel syndrome, cervical radiculopathy with degenerative disc disease and mild lumbar degenerative disc disease. Treatment to date includes Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities in October 2014, cervical spine magnetic resonance imaging (MRI) on January 23, 2015 which ruled out a C6 fracture, conservative measures, surgery, physical therapy to the right hand February 4, 2015 through February 25, 2015 (8 sessions) and medications. The injured worker is status post a right carpal tunnel release, flexor tenosynectomies of the sublimis and profundus and a short arm splint on January 5, 2015. According to the primary treating physician's progress report on February 17, 2015, the injured worker presented for a follow-up 10 week post carpal tunnel release and was ready to return to work. Examination of the right wrist demonstrated a healed area without swelling and tenderness. Color, temperature, motor, sensory and radial pulse were intact. The injured worker was seen by a secondary physician for symptoms related to his neck and lower back on March 11, 2015 and not related to the current request for authorization. Current medications were listed as Naprosyn, Norco and Soma. Treatment plan was to return to work with modifications/restrictions. The current request is for post-operative physical therapy 2 times per week for 4 weeks (8 visits) for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times per week for 4 weeks (8 visits) for the right hand:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. This request is not medically necessary.