

Case Number:	CM15-0089298		
Date Assigned:	05/13/2015	Date of Injury:	07/19/2014
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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(n) 55 year old female, who sustained an industrial injury on 7/19/14. She reported pain in her upper extremities and neck related to cumulative trauma. The injured worker was diagnosed as having bilateral upper extremity pain, numbness and tingling and bilateral cervicobrachial pain. Treatment to date has included acupuncture, trigger point injections, left carpal tunnel release, left subcutaneous ulnar nerve transposition and left middle finger trigger finger release on 10/7/14. As of the PR2 dated 3/6/15, the injured worker reports she has completed 6 out of 10 physical therapy sessions. She is about one month status post right hand surgery and rates her pain 5/10 in the right hand and 3/10 in the left hand. On 4/3/15, the injured worker indicated that she had completed physical therapy, but more sessions have been requested by the physical therapist. The treating physician requested additional physical therapy x 6 sessions to the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy, bilateral hands: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. MTUS Postsurgical Treatment Guidelines indicate that for ulnar nerve entrapment/cubital tunnel syndrome, 20 visits of postsurgical physical therapy are recommended. The pain management report dated 1/6/15 documented the diagnoses of bilateral cubital and carpal tunnel syndrome, status post left carpal tunnel and cubital tunnel decompression / transposition; left middle finger trigger finger, status post trigger finger release with loss of extension; bilateral cervicobrachial syndrome; chronic cervical, thoracic, and lumbar sprain. The orthopedic surgeon evaluated the patient on 8/6/2014 and noted trigger finger on the bilateral third digits, mild proximal interphalangeal joint arthritis, and bilateral carpal tunnel syndrome. Electrodiagnostic studies performed on 8/14/2014 showed bilateral cubital and carpal tunnel syndrome. On 10/7/2014, the patient had left carpal tunnel release, left subcutaneous ulnar nerve transposition, and left middle finger trigger finger release surgery. The patient is scheduled to undergo a similar surgery on the right-hand side. The patient will have right cubital and carpal tunnel surgery. Operative Report dated 2/3/15 documented the performance of right carpal tunnel release, median nerve block, right middle trigger finger release, right submuscular ulnar nerve transposition, ulnar nerve block, and right flexor pronator tendon lengthening. Diagnoses were right carpal tunnel syndrome and cubital tunnel syndrome, right middle trigger finger. The utilization review treatment appeal pain management report dated 4/17/15 documented that the patient is status post left carpal tunnel release surgery. The patient is also status post right middle finger trigger release, carpal tunnel release and submuscular ulnar nerve transposition. The pain management physician reviewed the PT physical therapy progress report dated 4/2/15. The patient noted reduction in pain and edema as well as improvement in active range of motion and strength with PT. She noted a reduction in pain from 4-5 to 3-4 following PT. She noted an improvement in her elbow extension from -15 degrees to 0 degrees and wrist extension from 65 degrees to 72 degrees. Her radial deviation has also improved from 17 degrees to 37 degrees and left PIP extension from -18 degrees to -9 degrees. Left proximal interphalangeal flexion has also improved from 83 degrees to 93 degrees. Given her current functional deficits and notable benefits from the previous PT sessions, additional physical therapy has been recommended by the physical therapist. The pain management physician recommended that patient to have six additional sessions of physical therapy. The medical records indicate positive impact from the previous PT physical therapy, and support the request for six additional sessions of physical therapy. Therefore, the request for physical therapy is medically necessary.