

Case Number:	CM13-0049141		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2013
Decision Date:	09/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old female admissions coordinator sustained an industrial injury on 1/30/13 relative to repetitive work tasks. The 1/30/13 electrodiagnostic study findings documented bilateral moderate median neuropathy at the carpal tunnel. The patient underwent a right carpal tunnel release on 8/15/13 and 8 sessions of post-op physical therapy. A subsequent left carpal tunnel release was planned. The 10/7/13 orthopedic report cited bilateral hand numbness, and non-specific complaints relative to the right shoulder, neck, and low back. Physical exam documented tenderness of the right wrist, cervical spine, lumbar spine, and right shoulder. The diagnosis was bilateral carpal tunnel syndrome, tendinitis right shoulder, and lumbar strain. A request was submitted for physical therapy 2 times per week for 6 weeks (ultrasound, muscle stimulator) for the cervical spine, lumbar spine, bilateral wrists, and right shoulder. The 10/30/13 utilization review denied the request for physical therapy as there were no physical exam findings to support the medical necessity of therapy for the shoulder, left wrist, neck or back and no rationale to support the continued medical necessity of therapy to the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR THE CERVICAL, LUMBAR, BILATERAL WRISTS, AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been for additional therapy for the right wrist. There is no current evidence of functional deficit to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Relative to the other body parts, the MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Guideline criteria have not been met. There is no documentation of a functional deficit to be addressed by physical therapy. There are no exam findings documented relative to the right shoulder, neck or back but for tenderness. Additionally, this request is exclusively for passive modalities which are not supported in the absence of active therapies. The left wrist is pending carpal tunnel release. Given the absence of a stated functional treatment goal, this request is not medically necessary.