

Case Number:	CM14-0126624		
Date Assigned:	08/13/2014	Date of Injury:	02/24/2014
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 51-year-old male with an injury date of 02/24/2014. Based on the 06/09/2014 progress report, the patient has gastrointestinal (GI) problems in addition to pain in his right shoulder, left/right arm, left/right hand/wrist pain, and lumbar spine. His right shoulder pain radiates to his neck and into his arms. In regards to his left arm, the patient has pain radiating to his wrist which is accompanied with numbness/tingling in the bilateral upper extremities. His right arm pain radiates to his shoulder and also has numbness/tingling into the bilateral upper extremities. His right/left hand/wrist pain radiates to his fingers and is accompanied with numbness/tingling into the bilateral upper extremities. He also has cramping and weakness in both hands as well as has dropped several objects. In regards to the lumbar spine, the patient's pain radiates to his buttocks and he has episodes of numbness and tingling in his buttocks. The injured worker's diagnoses include left carpal tunnel syndrome; right carpal tunnel syndrome; right shoulder sprain/strain, rule out internal derangement; lumbar spine sprain/strain, rule out herniated nucleus pulposus; left shoulder sprain/strain; and GI/GERD secondary to industrial injury. The utilization review determination being challenged is dated 07/16/2014. Treatment reports were provided from 04/22/2014 - 06/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 12 sessions for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Post-surgical treatment Page(s): Page 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome (post-surgical guides) Page(s): 15.

Decision rationale: Based on the 06/09/2014 progress report, the patient complains of having gastrointestinal problems, right shoulder pain, left/right arm pain, left/right hand/wrist pain, and lumbar spine pain. The request is for post-op physical therapy 12 sessions for the left wrist. Per 06/09/2014 progress report, the surgery being considered was for a left carpal tunnel release surgery. For post-op carpal tunnel syndrome, MTUS allows 3-8 sessions unless it is an open surgery. In this case, the requested 12 sessions of post-op therapy exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.