

Case Number:	CM14-0142524		
Date Assigned:	09/10/2014	Date of Injury:	12/28/2012
Decision Date:	12/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 42 year old female who sustained a work injury on 12-28-12. Office visit on 7-23-14 notes the claimant has numbness in both hands. The claimant has scars about the ulnar and dorsal aspect of the left wrist. Range of motion of the left wrist is 60-60-20-20. The claimant has inability to supination the right wrist/forearm. Phalen's is positive bilaterally, decreased light touch sensation over the median nerves bilaterally. The claimant has been treated conservatively and has undergone right TFCC surgery. There was a request for left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative 12 Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Carpal Tunnel, Page(s): 16, 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-Surgical Treatment Guidelines reflect that 3-8 visits of physical therapy is recommended post carpal tunnel release. There is an absence in documentation to support physical therapy that exceeds current treatment guidelines. Therefore, the request for 12 Post-op Physical Therapy are not medically necessary.

Physical Therapy 12 visits for Right Wrist/Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Carpal Tunnel Page(s): 16, 22.

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

Decision rationale: ODG reflects that this claimant is status post right TFCC surgery. Her diagnosis also includes right wrist dorsal subluxation, chronic pain syndrome with possible chronic regional pain syndrome. Chronic Pain Medical Treatment Guidelines notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy sessions in the past. Response to physical therapy, duration is not provided. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, the request is not medically necessary.