

Case Number:	CM14-0153805		
Date Assigned:	09/23/2014	Date of Injury:	06/07/2008
Decision Date:	11/20/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

According to the records made available for review, this is a 52-year-old male with a 6/7/08 date of injury, and left carpal tunnel release on 5/2/14. At the time (8/8/14) of request for authorization for physical therapy 2-3 times per week times 6 weeks left hand/wrist (18) total, there is documentation of subjective (left hand/wrist pain with numbness) and objective (Jamar measurements of 27-25-26 kg) findings, current diagnoses (left De Quervain's tenosynovitis), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 Times per Week times 6 Weeks Left Hand/Wrist (18) Total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand (Updated 8/8/14) Physical/Occupational Therapy Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of

up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of left De Quervain's tenosynovitis. In addition, there is documentation of a left carpal tunnel release on 5/2/14. However, the requested physical therapy 2-3 times per week times 6 weeks left hand/wrist (18) total exceeds guidelines. In addition, given documentation of a 5/2/14 date of surgery, the post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2-3 times per week times 6 weeks left hand/wrist (18) total is not medically necessary.