

Case Number:	CM14-0161701		
Date Assigned:	10/07/2014	Date of Injury:	02/19/2014
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation and Pain Management, 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:

The patient is a 54 year old with an injury date on 2/19/14. Patient complains of frequent right wrist pain with numbness/tingling/cramping, radiating to the right shoulder, with pain rated 7/10 while resting and 9/10 with activities per 9/3/14 report. Patient states that the pain gets worse with lifting activities per 9/3/14 report. Based on the 9/3/14 progress report provided by [REDACTED] the diagnoses are: 1. right wrist carpal tunnel syndrome 2. Right wrist/hand derangement 3. S/p (Status Post) right carpal tunnel release surgery by [REDACTED] May 2014 Exam on 9/3/14 showed "positive tinels sign. Patient able to touch distal palmar creases with fingertip and touch the fifth metacarpal head with tip of thumb. Range of motion is restricted due to pain/spasm, with a 10 degree reduction in dorxiflexion/palmar flexion. Patient's treatment history includes right carpal tunnel release on 5/20/14, and physical therapy which provided no relief, as well as EMG/NCV of bilateral upper extremities, and X-ray of the right wrist. [REDACTED] is requesting physical therapy x 8 sessions for right wrist. The utilization review determination being challenged is dated 9/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/20/14 to 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy Sessions for Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: This patient presents with right wrist pain, radiating to right shoulder and is s/p right carpal tunnel release from 5/20/14. The treater has asked for physical therapy x 8 sessions for right wrist on 9/3/14. The patient had 9 physical therapy sessions for the right wrist from 5/27/14 to 6/27/14 which "provided her with no relief" per 9/3/14 report. Regarding carpal tunnel syndrome MTUS post-surgical treatment guidelines allow 3-8 visits over 3-5 weeks within 3 months of surgery. As patient has already attended 9 post-surgical physical therapy sessions, the requested 8 additional physical therapy sessions for right wrist exceeds what MTUS guidelines allow for this type of condition. Therefore, the request of eight (8) Physical Therapy Sessions for Right Wrist is not medically necessary and appropriate.