

Case Number:	CM14-0096423		
Date Assigned:	07/30/2014	Date of Injury:	11/04/2013
Decision Date:	10/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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, 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 49-year-old male with date of injury of 11/04/2013. The listed diagnoses per [REDACTED] from 05/20/2014 are: status post left carpal tunnel release, approximately 05/10/2014, status post right carpal tunnel release, 01/21/2014. According to this report, the patient is status post left carpal tunnel release approximately 10 days now. He is doing well. His nighttime symptom including burning pain has completely resolved. The patient does not have any numbness or tingling. He has soreness in the palm of his hand. The patient rates his pain 4/10. The examination shows the patient is well-nourished, well-developed in no acute distress. He has 5/5 APB and interossei of the left hand, with a full range of motion in the left hand. There is no tenderness to palpation anywhere in the hand. Flexor digitorum superficialis and flexor digitorum profundus are intact in all digits. Sensation is intact to light touch in all digits of the right-hand. The patient has full range of motion of all the digits on the right-hand. The utilization review denied the request on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy sessions, 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16.

Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal Tunnel Syndrome (updated 02/20/2014)

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

Decision rationale: This patient presents with left wrist pain. The patient is status post left carpal tunnel release from approximately 05/10/2014. The treating physician is requesting eight physical therapy sessions for the left wrist. The MTUS post-surgical guidelines page 15 on carpal tunnel syndrome recommends 3-8 visits over 3-5 weeks. The utilization review denied the request stating that the patient received eight physical therapy sessions following surgery for the left wrist. Physical therapy reports following left carpal tunnel release were not made available for review. The 05/20/2014 report notes that the treating physician is requesting physical therapy for "wound desensitization, range of motion and strengthening exercises." Given that the patient has received some eight physical therapy sessions following surgery, the requested eight sessions would exceed MTUS recommendations. The patient should be able to transition into a self-directed home exercise program to improve range of motion and strength. Therefore, the request is not medically necessary.