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| Case Number: | CM14-0099357 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/22/2012 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Pain Management 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 50-year-old male with a date of injury of 08/22/2012. The listed diagnoses per [REDACTED] are: 1.Status post right CTS. 2.Status post left CTS. 3.Anxiety/depression. According to progress report 04/23/2014, the patient's right hand has healed, but the left hand has an increase in pain. The patient was prescribed medications Norco, Ambien, Tylenol No.3 and was instructed to start physical therapy 12 sessions. On 05/22/2014, the patient continued to complain of bilateral hand pain, numbness and swelling. Additional physical therapy was recommended 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for bilateral wrists 2 times a week for 3 weeks: Upheld

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

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

Decision rationale: This patient presents with healed right hand, but the left hand has an increase in pain. The treater is requesting additional physical therapy 2 times a week for 3

weeks. MTUS Post-Surgical Treatment Guidelines support 3 to 8 visits over 3 to 5 weeks following carpal tunnel release. Progress report 04/23/2014 initiated physical therapy 2 times a week for 6 weeks. On 05/22/2014, treater stated "need more PT 2x3." In this case, exact number of treatment and when they were received is unclear; however, the treater's request for additional 6 sessions with the 12 session already received, exceeds what is recommended by MTUS Guidelines. Furthermore, the treater does not discuss why the patient would not be able to transition into a home exercise program. The request for Physical Therapy is not medically necessary.