

Case Number:	CM14-0213912		
Date Assigned:	12/31/2014	Date of Injury:	06/21/2012
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 32 year old female with an injury date of 06/21/12. As per progress report dated 12/04/14 from the hand surgeon, the patient complains of recurring pain and numbness in the right hand that radiates to her elbow and shoulder. The numbness involves the thumb, ring and small finger. Physical examination reveals a positive Tinel's sign and compression sign in the right wrist. There is tenderness over the right medial and lateral epicondyle and over the right forearm. As per progress report dated 11/19/14 from [REDACTED] the patient complains of neck pain, right shoulder pain, and right hand numbness. Physical examination reveals tenderness over right trapezius and paracervical musculature along with reduced range of motion. The patient has decreased sensation in the thenar and hypothenar eminence of the right thumb. There is tenderness in right supraspinatus and bilateral lateral and medial epicondyle muscles as well. In progress report dated 09/09/14, the patient rates her pain as 2/10. Medications, as per progress report dated 12/04/14, include Gabapentin and Ultracet. The patient has failed conservative care including splinting, activity modification, and cortisone injection. Medications, as per 11/19/14 progress report, include Naproxen, Tizanidine and Voltaren gel. The patient has had 12 sessions of chiropractor care and benefited therefrom, as per progress report dated 09/09/14. The patient is also relying on home exercise program, as per progress report dated 08/22/14. The patient is temporarily disabled, as per progress report dated 12/04/14. NCV, 09/30/14, as per progress report dated 12/04/14: Right moderate to severe carpal tunnel syndrome MRI of the Right Elbow (date not mentioned), as per progress report dated 12/04/14: Lateral epicondylitis Diagnoses, 11/19/14:- Right lateral epicondylitis- Cervical strain- Right shoulder strain- Right moderate to

severe carpal tunnel syndrome The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 06/04/14 -12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy 2xwk x 6wks, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

Decision rationale: The patient presents with recurring pain and numbness in the right hand that radiates to her elbow and shoulder, as per progress report dated 12/04/14. The request is for associated surgical service: post-op physical therapy 2 x wk x 6 x wk, right hand. MTUS Guidelines, page 16, recommend postsurgical treatment of 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The postsurgical physical medicine treatment period is 3 months. In this case, the patient has been diagnosed with right carpal tunnel syndrome. In progress report dated 12/04/14, the hand surgeon states that the patient has chosen to proceed with surgery for her right hand pain. While the treater does not specifically discuss physical therapy, it can be assumed that this is a prospective request related to this surgical intervention. MTUS, however, allows for only 8 session of post-operative therapy in patient s with carpal tunnel syndrome. Hence, the treater's request for 12 sessions appears excessive and is not medically necessary.