

Case Number:	CM14-0218743		
Date Assigned:	01/08/2015	Date of Injury:	12/10/2012
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57 year old female who sustained a work injury on December 10, 2012. She underwent right carpal tunnel release on September 12, 2014. Postoperative, she completed 8 sessions of physical therapy for the right hand which was helpful in decreasing her pain. Medications included Tylenol with Codeine and a muscle relaxant and she reported pain improvement. On November 6, 2014, she complained of cervical and thoracic spine pain at 8/10 and frequent right hand pain. She was diagnosed with bilateral carpal tunnel syndrome, chronic cervical strain, and cervical disc herniation with bilateral upper extremity radiculopathy, chronic lumbar strain and status-post right carpal tunnel release. The current request was for 12 physical therapy sessions for the right hand. The injured worker had completed 8 visits and the request for more sessions exceeds the recommendation of the referenced guidelines. On December 8, 2014, Utilization Review non-certified 12 physical therapy sessions of the right hand between December 4, 2014 and January 18, 2015, noting the California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with cervical spine, thoracic spine, right hand, lower upper extremities and right upper extremities pain and is status post right carpal tunnel release. The current request is for 12 physical therapy sessions for the right hand. The treating physician states that given the patient's improvement she needs additional therapy at two times a week for six weeks for the right hand and wrist. The MTUS post-surgical guidelines state, Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Continued visits should be contingent on documentation of objective improvement, i.e., VAS (visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. In this case, the treating physician has not documented objective improvement and there is no evidence that treatment should extend beyond the recommended guidelines. There is no mention of a home program, which is to be a continuation of the physical therapy sessions. The current request is not medically necessary and the recommendation is for denial.