

Case Number:	CM14-0030808		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2012
Decision Date:	01/31/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Rehab, 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 61 year old female with an injury date of 01/19/12. The 01/16/14 orthopedic follow up consultation states that the patient presents with continued stiffness and burning in the right hand along with pain in the knee, lower back, down the right leg and the neck. Examination of the right hand reveals that the carpal tunnel incision is nicely healed with minimal swelling. The patient lacks some strength and lacks a few degrees of full flexion and extension of the wrist. The patient's diagnosis is seven weeks post right carpal tunnel release. The treater states the patient suffers from high blood pressure and depression and recently had a new test done on the right knee. She is taking medications for blood pressure, stomach pain and depression. These medications are not listed. The utilization review is dated 02/03/14 and states that 6 physical therapy sessions for the right hand for DOS 01/29/14 to 04/29/14 is denied as the patient has received extensive authorized therapy totaling 10 sessions. No evidence of functional gain and decreased pain is provided and the patient should be versed in self-directed stretching and exercises. Reports were provided for review from 07/15/13 to 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 3 weeks for right hand #6: 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): 15.

Decision rationale: The patient presents with stiffness, burning, weakness and limited range of motion in the right hand status post right carpal tunnel release (11/13/13). The current request is for physical therapy 2 times per week for 3 weeks for right hand #6 per 01/16/14 report. MTUS page 15 Carpal tunnel syndrome allows 3-8 visits over 3-5 weeks. On 01/16/14 the treater states, "Due to the fact that she still has weakness in the right hand and wrist and some limited range of motion, I would recommend the (sic) she be sent back for another short course of therapy two times a week for three weeks to see if we can increase her strength and the range of motion." In this case, it appears the patient is within the 3 month post-surgical treatment period for carpal tunnel syndrome per MTUS. The 12/14/13 report states that the patient is to start physical therapy 2 x 4 weeks 3 weeks status post right carpal tunnel release. The 02/03/14 utilization review cites 10 therapy sessions. No physical therapy treatment reports are provided for review and the treater does not discuss objective improvement in the patient's pain and function received from prior therapy. There is no discussion of transition to a home exercise program. Furthermore, the 6 sessions requested combined with the 8-10s sessions already received exceed what is allowed per MTUS. The request is not medically necessary.