

Case Number:	CM15-0015254		
Date Assigned:	02/03/2015	Date of Injury:	06/09/2014
Decision Date:	07/28/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 6/9/14. Initial complaints were not reviewed. The injured worker was diagnosed as having carpal tunnel syndrome; status post left carpal tunnel release. Treatment to date has included carpal tunnel release; post-operative physical therapy; medications. Diagnostics included EMG/NCV bilateral upper extremities (2/23/15); MRI of the left wrist (8/20/14); x-ray left wrist (6/9/14). Currently, the PR-2 notes dated 12/8/14 indicated the injured worker complains of locking and catching of the left wrist. He states he is doing better after undergoing surgery, but the locking and catching continue. The injured worker underwent a left carpal tunnel release with flexor tenosynovectomy 10/14/14. He has 6 sessions of post-operative physical therapy November 5, 2014 through November 12, 2014. X-rays of the left hand (three views) and the wrist (three views) show mild soft tissue swelling. The provider's treatment plan is to obtain an MRI scan of the left wrist due to continued symptoms and once those findings are noted, he will determine the next course of treatment. The MRI of the left wrist was authorized. The provider is now requesting authorization of additional physical therapy for the left wrist (12 sessions) and urine toxicology screen.

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 6 Weeks For The Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hand chapter physical therapy and pg 28.

Decision rationale: According to the guidelines, up to 8 sessions of therapy is recommended within 3-5 weeks of post- operative intervention for carpal tunnel syndrome. In this case, the claimant already received 6 sessions of therapy. It has been over 3 months since surgery. The request for 12 additional sessions exceeds the guidelines recommendations and is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.