

Case Number:	CM15-0113031		
Date Assigned:	06/19/2015	Date of Injury:	01/09/2013
Decision Date:	11/04/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on January 9, 2013, incurring neck, shoulder and bilateral wrists injuries. She was diagnosed with bilateral carpal tunnel syndrome, neck sprain, bilateral wrist sprains and shoulder sprain. Treatment included physical therapy twice a week for six week, anti-inflammatory drugs, pain medications, surgical interventions, massage therapy, electrical stimulation, ice and heat and restricted and modified activities. Currently, the injured worker complained of ongoing pain and stiffness to the neck, shoulders and both wrists. She complained of shoulder pain and numbness radiating into the hands and wrists. She noted decreased sensation and weakness and stiffness of the left wrist interfering with mobility and activities of daily living. Upon examination, she was noted to have a positive Tinel's sign of the left wrist. She underwent open left carpal tunnel release on February 16, 2015. The treatment plan that was requested for authorization on June 11, 2015, included 12 visits of physical therapy for the left wrist. On May 13, 2015, a request for 12 visits of physical therapy for the left wrist was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The claimant sustained a work injury in January 2013 and underwent an open left carpal tunnel release on 02/16/15. When seen, she was having ongoing pain and stiffness of the neck, shoulders, and wrist. Physical examination findings included bilateral wrist tenderness with scarring. Authorization is being requested for 12 sessions of physical therapy for the left wrist. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.