

Case Number:	CM15-0172670		
Date Assigned:	09/14/2015	Date of Injury:	08/07/2011
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This is a 61-year-old female worker who was injured on 8-7-2011. The medical records indicated the injured worker (IW) was treated for right carpal tunnel syndrome; radiculopathy; cervical stenosis; and impingement, right shoulder, rotator cuff tear. Per the office notes (5-12-15), the IW was treated for chronic migraines with Botox injections. The progress notes (6-1-15) indicated the IW had pain in the right hand. The physical examination (6-1-15) noted full range of motion of the bilateral shoulders, wrists and hands. Tinel's and Phalen's signs were positive in the right wrist. Motor strength, reflexes and sensation were within normal limits in the bilateral upper extremities. Physical therapy notes (5-4-15) indicated the IW was receiving treatment for the cervical spine (eight sessions at that point). She had mild pain and stiffness through mid range of motion and was making "minimal progress" toward the goal. She was independent in activities of daily living and recreational activities and was performing her home exercise program daily. The operative report (6-18-15) showed the IW had right carpal tunnel release. There was authorization for eight physical therapy visits for the right wrist on 7-10-15; it was not clear from the records submitted how many sessions she had attended. A Request for Authorization was received for physical therapy, twice weekly for four weeks for the cervical spine, right shoulder, upper arm and right wrist. The Utilization Review on 8-20-15 modified the request for physical therapy, twice weekly for four weeks for the cervical spine, right shoulder, upper arm and right wrist to allow two sessions of PT for the requested regions as per CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 4 for the cervical right shoulder/upper arm right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2011 and underwent an open right carpal tunnel release on 06/18/15. She is also being treated for right shoulder pain, neck pain, and migraine headaches. Recent treatments include Botox injections for migraines headaches and physical therapy for the cervical spine with eight treatments completed as of 05/04/15 including a daily home exercise program. Postoperative physical therapy following the claimant's carpal tunnel surgery was requested and eight sessions were authorized. Physical therapy is being requested for the neck, shoulder, and right 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 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 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. There is no new injury to the neck or shoulder and the claimant has already recently had physical therapy for chronic pain including a home exercise program. The request was not medically necessary.