

Case Number:	CM15-0173016		
Date Assigned:	09/15/2015	Date of Injury:	04/11/2012
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/02/2015

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 58 year old female, who sustained an industrial injury on April 11, 2012. The injured worker is diagnosed as having forearm joint pain, carpal tunnel syndrome, and wrist sprain and muscle weakness. Her work status is modified duty. Currently, the injured worker complains of intermittent, moderate to severe right palm pain that can radiate into her right wrist up to her elbow. The pain can prevent her from extending her right arm fully and is rated at 8 on 10 at its worst. She also reports difficulty sleeping due to the pain. The injured worker experienced pain and swelling to her right medial elbow, per note dated July 8, 2015. A physical examination, on July 8, 2015, revealed tenderness to palpation at the medial right elbow and she was unable to fully extend her arm, due to pain. There was decreased sensation at the right 5th finger noted, per the same note. An examination dated July 14, 2015 revealed a well healed incision and near normal active range of motion of her fingers. Treatment to date has included a right carpal tunnel release (July 1, 2015), x-rays, and electrodiagnostic studies. She has also engaged in physical therapy and per note dated August 4, 2015, she received benefit; however, she continues to experience difficulty flexing her right middle finger and has intermittent, moderate to severe pain that is rated at 8 on 10 at its worst. The request for physical therapy (3x2) for the right wrist was denied due to exceeding the allowable number of visits and "should be engaged in and active and aggressive home exercise program", per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x2 for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS 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 April 2012 and underwent an open right carpal tunnel release in July 2015. When seen, she had completed a first set of postoperative physical therapy with benefit. She was having difficulty flexing the third finger. She was having intermittent moderate to severe pain. Physical examination findings included a well-healed incision. There was decreased index finger range of motion with notation of a prior fracture. 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. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.