

Case Number:	CM15-0176373		
Date Assigned:	09/17/2015	Date of Injury:	03/10/2015
Decision Date:	10/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/09/2015

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 53-year-old female, who sustained an industrial injury on March 10, 2015. Medical records indicate that the injured worker is undergoing treatment for left carpal tunnel syndrome, left large finger and index finger triggering and possible recurrent carpal tunnel syndrome on the right. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 14, 2015 and August 24, 2015 note that the injured worker reported pain and paresthesia of the right hand and numbness and pain in the left hand. Objective findings include a positive Phalen's test bilaterally, more so on the left. Range of motion of the bilateral wrists was minimally decreased. Right elbow extension was decreased. A carpal tension test was positive bilaterally. Pain levels and function with activities of daily living were not noted. Treatment and evaluation to date has included medications and right ulnar nerve release at the elbow, right carpal tunnel release and trigger finger release of the right index and large finger. The injured worker was noted to taking mild analgesics for pain. The treating physician's request for authorization dated August 27, 2015 includes a request for physical therapy # 12 for the right upper extremity as an outpatient. The Utilization Review documentation dated September 4, 2015 non-certified the request for physical therapy # 12 for the right upper extremity as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy for the right upper extremity as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: The claimant sustained a work injury in March 2015 and underwent a right carpal tunnel and ulnar nerve release and right second and third triggers finger release. When seen, there was decreased wrist range of motion with positive Phalen's testing. Authorization for postoperative therapy is being requested. After a cubital tunnel release, guidelines recommend up to 20 visits and 9 therapy treatment sessions after a trigger finger release. Although carpal tunnel release surgery is considered an effective operation, guidelines recommend up to 3-8 visits over 3-5 weeks. In this case, only partial concurrent treatments would be expected. 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 initial post-operative therapy visits is within accepted guidelines and medically necessary.