

Case Number:	CM15-0022652		
Date Assigned:	02/12/2015	Date of Injury:	10/23/2013
Decision Date:	04/09/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female sustained an industrial injury on 7/31/13, with subsequent ongoing upper extremity pain. Current diagnoses included carpal tunnel syndrome, ulnar nerve lesion, medial and lateral epicondylitis of elbow and wrist sprain and strain. The injured worker underwent carpal tunnel release in November 2014. In a PR-2 dated 12/4/14, the injured worker reported less pain and numbness to the left hand but complained of ongoing difficulty with strength and dexterity activities. Physical exam was remarkable for bilateral wrists with well-healed surgical scar with pain in the right forearm and slight pain to the right hand with grip strength weakness and tenderness to palpation to the left wrist and hand with mild triggering of the left thumb and mildly positive Tinel's. The treatment plan included continuing postsurgical physical therapy twice a week for four weeks for the left hand. Work status was temporary total disability. In a PR-2 dated 1/13/15, the physician noted that the injured worker's numbness and pain had decreased and strength had increased. Physical exam was remarkable for well-healed surgical scars at bilateral wrists with slight tenderness at surgical site of bilateral hands with good range of motion of both wrists and returning grip strength. The injured worker was returned to modified work duty. On 1/16/15, Utilization Review noncertified a request for additional physical therapy 2 x 4 for the bilateral wrists, noting lack of documentation of functional improvement following previous physical therapy and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4 for the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The patient was injured on 10/23/13 and presents with less pain/ numbing/ tingling in her left hand and numbing about the ulnar innervated region of the hand. The request is for ADDITIONAL PHYSICAL THERAPY 2 X 4 FOR THE BILATERAL WRISTS. There is no RFA provided and the patient is to return to modified work. Modified work will be limited use of the bilateral hands or forceful grasping with the bilateral hands and no prolonged repetitive use of the bilateral hands. If there is no modified work available, she is considered temporarily totally disabled. On 07/31/14, the patient had a right carpal tunnel release and on 11/04/14, she had a left carpal tunnel release. MTUS post-surgical guidelines page 15 regarding carpal tunnel syndrome indicates that the patient is allowed to have 3-8 visits over 3-5 weeks. The postsurgical treatment period is 3 months. The 12/04/14 report states that the patient was started on physical therapy this past Monday. However, there is no indication of how many sessions the patient had been authorized for or how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage her pain. Therefore, the requested additional 8 session of therapy IS NOT medically necessary.