

Case Number:	CM15-0025727		
Date Assigned:	02/23/2015	Date of Injury:	02/25/2013
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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: Maryland

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

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 44-year-old female who sustained an industrial injury on 2/25/13. She currently complains of significant elbow and shoulder pain, paresthesia in the right median nerve distribution, pain in the palm, elbow and forearm. She is awakened at night by the pain. Medications include naproxen, Protonix and gabapentin. Diagnoses include pain in joint of the shoulder; right lateral epicondylitis; right carpal tunnel syndrome; right third and fourth digit stenosing tenosynovitis and right radial tunnel syndrome. Treatments to date include acupuncture, cortisone injections into right radial tunnel with complete relief of pain and into third and fourth digits, regarding the carpal tunnel she has had splinting, anti-inflammatories, activity modification, ice, heat and therapy. Diagnostics include electromyography (6/6/14) revealing moderate median neuropathy in the left and right hands and moderate right carpal tunnel syndrome. There was no mention of physical therapy request for the right wrist, 3rd and 4th fingers in the progress notes available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the right wrist, third, and fourth finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16 and 22.

Decision rationale: Physical therapy three times a week for four weeks for the right wrist, third, and fourth finger is not medically necessary per the MTUS Guidelines. The documentation indicates from prior peer review dated 1/9/15 that the patient has had 9 post operative therapy treatment sessions and began a home exercise program. The MTUS Post Surgical Guidelines allow up to 8 post op PT visits for endoscopic carpal tunnel surgery and 9 visits for trigger finger release. The documentation does not reveal any physical exam findings that would require 12 more supervised therapy visits for the patient's wrist or fingers. The request for physical therapy three times a week for four weeks for the right wrist, third, and fourth finger is not medically necessary.