

Case Number:	CM15-0038020		
Date Assigned:	03/06/2015	Date of Injury:	01/01/2013
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 59 year old female with an industrial injury dated January 1, 2013. The injured worker diagnoses include right carpal tunnel syndrome, status post right endoscopic carpal tunnel release with right forearm fascia release on 10/13/14, cervical spondylosis & C4-5 disc protrusion, thoracic spine strain, bilateral shoulder impingement syndrome, and nonspecific left elbow arthralgia. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, epidural injections, physical therapy for right wrist/hand and periodic follow up visits. According to the progress note dated 12/17/2014, the injured worker reported right wrist hand pain with tingling and slight numbness, neck pain radiating to the left arm with numbness in the hands, bilateral shoulder pain and left hand and wrist pain with numbness. The treatment plan consists of follow up appointment and to continue post-operative physical therapy for the right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right wrist and Hand, quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with neck pain, radiating to the left arm and numbness in the hands, rated 5-8/10, bilateral shoulder pain, rated 5-8/10, left elbow pain, and right hand/wrist pain, rated 7-8/10. The request is for PHYSICAL THERAPY RIGHT WRIST AND HAND QUANTITY 12. Patient is status post Right carpal tunnel release 10/13/14. Physical examination to bilateral hands and wrists on 02/12/14 revealed tenderness to palpation over the dorsal and volar aspects of both wrists. Tinel's, Phalen's and Durkan's median compression tests were positive bilaterally. Light touch sensation was diminished in the median nerve distribution bilaterally. Patient's treatments have included cervical ESIs and physical therapy. Per 12/17/14 progress report, patient's diagnosis include status post right endoscopic carpal tunnel release with right distal foramen fascia release 10/13/14, 4 mm disc herniation C5-C6 per MRI, thoracic spine strain, bilateral shoulder impingement syndrome, and non-specific left elbow arthralgia. Per 12/17/14 progress report, patient is to remain off-work until next appointment 4-6 weeks. MTUS Guidelines, page 16, recommend post-records surgical treatment of 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical physical medicine treatment period is 3 months. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Patient is status post Right carpal tunnel release 10/13/14. Patient is not within post operative time frame as the Right carpal tunnel release was on 10/13/14. In review of the medical records provided, patient has completed 9 sessions of post-operative physical therapy session, from 11/21/14 to 12/18/14. MTUS recommends 3-8 sessions of post-surgical treatments over 3-5 weeks for carpal tunnel syndrome. In this case, the current request of 12 sessions combined with 9 already completed post-operative physical therapy sessions would exceed what is allowed by MTUS for this type of surgery. Therefore, the request IS NOT medically necessary.