

Case Number:	CM15-0062911		
Date Assigned:	04/08/2015	Date of Injury:	01/11/2012
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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 55 year old female, who sustained an industrial injury on 1/11/12. The injured worker has complaints of abnormal sensation, numbness, tingling of whole right hand. The diagnoses have included carpal tunnel syndrome; status post carpal tunnel release and status post trigger finger release. Treatment to date has included status post right De Quervain's release and trigger finger release of thumb; occupational therapy; home exercise program; right carpal tunnel release; right hand ganglion cyst excision and corticosteroid injection. The request was for #3 post-op physical therapy 3X4 or 2X6.

IMR ISSUES, DECISIONS AND RATIONALES

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

#3 Post-Op Physical Therapy 3x4 or 2x6 Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2012 and underwent a DeQuervain's release in September 2014. As of December 2014, she had completed 12 post-operative therapy sessions. Post surgical treatment after the claimant's surgery includes up to 14 therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative therapy. Providing the amount of additional skilled therapy services requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional therapy is therefore not medically necessary.