

Case Number:	CM15-0067864		
Date Assigned:	04/15/2015	Date of Injury:	08/13/2007
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/09/2015

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: California, Hawaii
 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 54-year-old female, who sustained an industrial injury on 8/13/2007. Diagnoses include cervical spine degenerative disease with musculoligamentous strain and left hand carpal tunnel syndrome status post release. Treatment to date has included diagnostics, medications, physical therapy and surgical intervention (carpal tunnel release, undated). Per the Primary Treating Physician's Progress Report dated 1/20/2015; the injured worker reported a painful condition about the neck, left shoulder, left wrist and left hand. She continues to have numbness to the left hand and states that the numbness has been waking her up at night and she has been dropping objects frequently. She states that she has had improvement with physical therapy. Physical examination of the left hand revealed a well-healed surgical incision site. There was tenderness and sensitivity over the incisional site with palpable scar tissue. She was able to form a complete fist and extend all fingers. Compartments were soft. The plan of care included electrodiagnostic testing, medications and physical therapy and authorization was requested for 12 (3x4) additional physical therapy visits for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left hand, additional 12 visits over 4 weeks: 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 pain affecting the left hand and neck. The current request is for Physical Therapy to the left hand, additional 12 visits over 4 weeks. The treating physician states, "She continues to have numbness to the left hand and states that the numbness has been waking her up at night and she has been dropping object frequently. She states she has had improvement with physical therapy." (19B) The patient has had 12 postoperative physical therapy visits for carpal tunnel release. (25B) The MTUS guidelines recommend 3-8 visits of physical therapy over a 3-month period. In this case, the treating physician has requested an amount, which would exceed the recommended guidelines. The patient had surgery in August 2014 and is now outside of the post-surgical treatment time frame. There is no documentation of a new injury or flare-up and MTUS only supports 8-10 sessions of physical therapy for injuries before transitioning the patient to a home exercise program. The current request is not medically necessary and the recommendation is for denial.