

Case Number:	CM15-0079562		
Date Assigned:	04/30/2015	Date of Injury:	08/16/2011
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 08/06/2011. On provider visit 02/18/2015 the injured worker has reported ongoing right elbow and weakness in her hands. She complains on right hand numbness, tingling, burning in the thumb, index and middle fingers. She also complains of right thumb pain and triggering. On examination of the right wrist/hand revealed sever atrophy of the right thenar muscle, positive Tinel, positive Phalen, positive compression test over the right carpal tunnel were noted. A decreased sensation to light touch and two - point discrimination in the thumb, index, middle, and radial aspect of the right finger were noted. Right thumb was noted as having tenderness to palpation of the A1 Pulley of the thumb with positive triggering and locking. The diagnoses have included right carpal tunnel syndrome and right thumb trigger finger. Treatment to date has included physical therapy, medication, and prior carpal tunnel release. A right wrist carpal tunnel release and right trigger finger release at the same time was recommended. The provider requested 8 Visits post-op physical therapy 2 times a week over 4 weeks to the right wrist/thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Visits post-op physical therapy 2 times a week over 4 weeks to the right wrist/thumb:
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, eight visits postoperative physical therapy two times per week times four weeks to the right wrist/thumb is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right elbow medial epicondylitis; right upper extremity overuse syndrome; right shoulder impingement syndrome with tendinitis/bursitis; persistent right carpal tunnel syndrome; and right thumb trigger finger. The treatment plan, in a progress note dated February 18, 2015 (the most recent progress note in the record, recommends a right wrist carpal tunnel release and right thumb trigger finger release at the same time under one anesthetic. The injured worker will also require 8 sessions of postoperative physical therapy. The injured worker had a prior right carpal tunnel release in November 2012. Subjectively, according to the February 18, 2015 progress note, the injured worker complains of right wrist and thumb pain. Objectively, there is tenderness palpation at the first CMC joint, positive Finkelstein's, positive Tinel's and Phalen's with a weakened grip on the right. The original right carpal tunnel syndrome release did not provide objective functional improvement. The recent EMG/NCV shows minimal to mild demyelinating right carpal tunnel syndrome. The clinical history, objective findings and lack of an objective response to the first surgery does not meet the threshold for recurrent right carpal tunnel release procedure. As a result, the surgical procedure is not medically necessary. If the requested surgical procedure is not medically necessary, the postoperative physical therapy is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines and the denial of the proposed right carpal tunnel release surgery, 8 visits postoperative physical therapy two times per week times four weeks to the right wrist/thumb is not medically necessary.