

Case Number:	CM15-0090503		
Date Assigned:	05/14/2015	Date of Injury:	11/19/2010
Decision Date:	06/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania, Ohio, 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 was a 28 year old female, who sustained an industrial injury, November 19, 2010. The injured was caused by repetitive stress to the right and left upper extremities. The injured worker previously received the following treatments right carpal tunnel release, revision of the right carpal tunnel release with right ulnar decompression at the wrist, 12 physical therapy treatments to the bilateral upper extremities, cervical spine x-rays, bilateral elbow x-rays, bilateral shoulder x-rays and bilateral hand x-rays. The injured worker was diagnosed with bilateral carpal tunnel syndrome, right carpal tunnel release with revision and decompression of the ulnar decompression at the wrist, bilateral thoracic outlet syndrome, trapezial paracervical and parascapular strain, bilateral forearm tendinitis, status post left carpal tunnel release with ulnar decompression the wrist with resolved left carpal tunnel syndrome. According to progress note of March 18, 2015, the injured workers chief complaint was bilateral upper extremity pain and numbness radiation into the right dorsal wrist and hand. The examination of the upper extremities noted slight trapezial and paracervical tenderness. There was slight radial tunnel tenderness on the right side. There was mild radial tunnel tenderness on the left. The provocative maneuvers of the thoracic outlet syndrome were equivocal bilaterally. The Tinel's and elbow flexion tests were positive at the left cubital tunnel and negative on the right. The treatment plan included continued physical therapy for the right hand, wrist and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 6 weeks, right hand/wrist/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.