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| Case Number: | CM15-0090925 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 05/28/2014 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/28/2015 |
| 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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 05/28/2014. Mechanism of injury was cumulative in her position at a call center which involved listing the phone call and typing out each call. Diagnoses include status post bilateral carpal tunnel release on the right on 10/07/2014, and left post endoscopic carpal tunnel release on 12/04/2014, cumulative trauma of the upper extremities and wrist and elbow pain. Treatment to date has included medications, diagnostic studies, injections, and physical therapy. She is on no medications. A physician progress note dated 04/15/2015 documents the injured worker complains of pain in the wrists and pinkies, also the elbow, and right finger on the left side is twitching. She has some numbness in her left foot as well. The thumb and right finger seem to lock at times and she has difficulty with grasping as well. Treatment requested is for Physical therapy/Occupational therapy 2 times a week for the bilateral upper extremities, wrists, elbows, shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/Occupational therapy 2 times a week for the bilateral upper extremities, wrists, elbows, shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS guidelines for post surgical physical therapy for carpal tunnel syndrome allow 3-8 visits over 3-5 weeks with a 3 month post-operative period. The claimant has completed post operative physical therapy and is beyond the surgical window. There is no rationale submitted for ongoing therapy. PT/OT 2 times a week is not medically necessary.