

Case Number:	CM15-0096153		
Date Assigned:	05/26/2015	Date of Injury:	08/24/2006
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 50 year old male who sustained an industrial injury on 08/24/2006. Mechanism of injury was repeated injury to the left wrist. Diagnoses include left carpal tunnel syndrome, right carpal tunnel syndrome, and left cubital tunnel syndrome-mild. Treatment to date has included diagnostic studies, medications, injections, and splints. A physician progress note dated 04/10/2015 documents the injured worker complains of pain in both hand for several years. He has pain, weakness and numbness in both hands. His left is worse than the right and the numbness involves all fingers. He is temporarily disabled. Medications include Lisinopril, Atenolol, Neurontin, Aspirin, Oxycodone, and Robaxin. On examination there is decreased sensation to light touch on the right small and ring finger. The Tinel, Phalen's and Compression sign is positive at the right wrist. There is decreased sensation to all the fingers of the left hand. Tinel, Phalen's and Compression sign are positive at the left wrist. Tinel sign is positive at the medial aspect of the left elbow. The bent elbow sign is positive on the left elbow. There is documentation in this note that the injured worker had a nerve conduction study done on 07/28/2014, which showed left carpal tunnel syndrome and left cubital tunnel syndrome. An Electromyography done on 12/11/2014 showed no evidence of radiculopathy. The treatment plan includes surgery, which is pending and diagnostic and therapeutic cortisone injection into the right carpal tunnel and a separate injection into the left carpal tunnel, which was administered. Treatment requested is for post-operative physical therapy for the left wrist, quantity: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of postoperative physical therapy for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
16.

Decision rationale: The CA MTUS supports 3-8 post surgical therapy sessions with an initial course of half that following carpal tunnel surgery and consideration of the additional sessions if there is functional improvement with the initial course of treatment. The requested 12 sessions exceeds guidelines and is unsupported. Therefore the request is not medically necessary.