

Case Number:	CM13-0001123		
Date Assigned:	02/03/2014	Date of Injury:	02/12/2013
Decision Date:	04/23/2014	UR Denial Date:	06/18/2013
Priority:	Standard	Application Received:	07/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with a date of injury of February 12, 2013. A utilization review determination dated June 18, 2013 recommends non-certification of physical therapy for three sessions a week for four weeks for bilateral carpal tunnel syndrome. Non-certification is recommended due to the patient having completed at least 12 visits of physical therapy and a lack of objective improvement of symptoms. A progress note dated May 23, 2013 includes subjective complaints of worsened condition of bilateral carpal tunnel syndrome. The objective findings documented were not written legibly. Diagnoses include bilateral carpal tunnel syndrome and status post left carpal tunnel release. The treatment plan recommends physical therapy 3 times a week for 4 weeks for bilateral carpal tunnel. An EMG and nerve conduction study of bilateral upper extremities dated March 22, 2013 had findings of chronic C7 irritation on the right side, severe entrapment neuropathy of bilateral median nerves, and no entrapment neuropathy of the ulnar nerve at the wrists or the elbows. An x-ray of bilateral hands and wrists dated March 14, 2013 showed evidence of an old healed fracture of the left distal radius and evidence of posttraumatic arthritis involving the radio carpal joint on the left side. There was also questionable left scapholunate diastasis and distal radioulnar joint arthritic changes as well as intercarpal arthritic changes of the left wrist with basilar thumb arthritis. The right wrist showed evidence of degenerative change. A progress note dated June 20, 2013 includes subjective complaints of continued left middle finger, side of hand, and forearm pain following left carpal tunnel release surgery, done on May 1, 2013. The fingers of the left hand continued with numbness and occasional sharp twitching sensations. The patient reports numbness of right hand fingers. Objective findings include left-hand with scar on the palm that appears to be healing, mild swelling on the hypothenar area, middle finger thickening of the tendon sheath, pain on volar ulnar forearm increased with palpation of flexor carpi ulnaris tendon and at pisiform area.

The right hand had continued numbness in the median nerve distribution. The treatment plan recommends right carpal tunnel release surgery with postoperative therapy and continued physical therapy for the left-hand and trial use of an H wave device. The patient was also prescribed oral and topical anti-inflammatories. A gel shell split was requested for the left palm.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 SESSIONS FOR 4 WEEKS FOR BILATERAL CTS (CARPAL TUNNEL SYNDROME): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS/ACOEM Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. According to the Official Disability Guidelines (ODG) the numbers of physical therapy sessions recommended are 1-3 visits over 3-5 weeks for medical treatment and 3-8 visits over 3-5 weeks for post surgical treatment of carpal tunnel syndrome. Within the documentation available for review, there is no indication of any objective functional improvement from the 12 sessions of therapy (body part not specified--not clear if left, right, or bilateral hand/wrist) already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the currently requested number of therapy sessions would exceed the maximum number recommended by guidelines for this patient's diagnosis. The request for physical therapy three times a week for four weeks for the bilateral carpal tunnel syndrome is not medically necessary.