

Case Number:	CM13-0013381		
Date Assigned:	11/06/2013	Date of Injury:	09/21/2011
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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.

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 underlying date of injury in this case is 09/21/2011. The primary diagnosis is carpal tunnel syndrome. Additional diagnoses include medial and lateral epicondylitis and a myofascial shoulder strain. A prior physician review noted that this patient participated in physical therapy from 02/14/2013 through 03/14/2013 and had completed eight sessions by 03/14/2013. That note indicates that as of 07/23/2013 the patient had complaints of recurrent symptoms of bilateral carpal tunnel syndrome, worse on the left. This review indicated that the records did not support a specific rationale or goals for additional physical therapy. A physical therapy discharge summary of 03/14/2013 indicated at that time all goals were met and the patient was discharged to a home exercise program. A qualified medical examination of 07/24/2013 reviewed the patient's history in detail and concluded that the patient was permanent and stationary and had a cumulative trauma type injury with underlying conditions of possible right shoulder impingement syndrome and bilateral epicondylitis and a cervical strain. That evaluation opined that the patient could perform her regular and customary job. A physical therapy recertification note of 08/27/2013 notes that the patient had the treating diagnosis of forearm pain and was working as a market analyst with long hours on the job and developed increased pain to the elbows, wrists, and hands and presented with bilateral carpal tunnel symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions for the upper bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: The medical records outline a multifactorial upper extremity pain syndrome characterized during the period under review primarily as a cumulative trauma injury with carpal tunnel syndrome symptoms. The California Medical Treatment Utilization Schedule, section on carpal tunnel syndrome, page 15, states, "There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome...The evidence may justify 3-5 visits over 4 weeks after surgery....Benefits need to be documented after the first week and prolonged therapy visits are not supported." The medical records and guidelines therefore do not support an indication for additional physical therapy considering the primary diagnosis of carpal tunnel syndrome and the patient's past physical therapy. The medical records do not provide a rationale supportive of the guidelines for additional supervised physical therapy in addition to the therapy the patient previously attended. The request for eight physical therapy sessions for the upper bilateral extremities is not medically necessary or appropriate.