

Case Number:	CM13-0016899		
Date Assigned:	10/11/2013	Date of Injury:	01/28/2009
Decision Date:	01/07/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice, 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 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:

Fifty six year old female claimant sustained a work related injury on 1/28/09 that resulted in carpal tunnel syndrome, trigger finger, wrist strain and upper thoracic strain. She underwent carpal tunnel surgery on 4/20/10 but persisted to have wrist pain, which was treated with analgesics, injections and therapy (2 times a week for 6 weeks in 2010, 2 times a week for 4 weeks on 2011,). Her disability status was noted as permanent and stationary as of 2/25/13. Her primary physician, [REDACTED], provided a progress report on 9/9/13, which indicated the following subjective complaints: neck, right upper extremity, right ankle and back pain. At the time she attended 2 visits with physical therapy, which had helped her. The physical examination noted a positive Phalen's sign and Tinel's sign along with swelling of the right wrist. The range of motion was 60 degrees in the volar and dorsiflexion and there was no joint instability. An exam report from 12/5/12 and 7/23/13 noted similar findings with full range of motion with mention of no indication for treatment of the right hand. A request was made for physical therapy 2 times weekly for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for upper extremities, two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/14/13) Physical therapy(PT) Sprains and strains of the neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: According to the guidelines referenced above, treatment for carpal tunnel syndrome includes: job modification, stretching, and range of motion home exercises. Physical modalities and manipulation has not been proven to be effective. The recommended disability duration is up to 14 days. If no improvement occurs within 4 to 6 weeks then electrical studies can be performed. Those with moderate symptoms may benefit from surgery. Incomplete resolution of symptoms may require another surgery. The claimant in this case underwent surgery in 2010. There was no mention of needed repeat surgery. The condition was defined as permanent. There was no significant change in exam findings after a few treatments. In addition, the MTUS guidelines do not indicate any need for physical therapy for carpal tunnel syndrome and the claimant already had several months of therapy in 2010 and 2011.