

Case Number:	CM13-0020002		
Date Assigned:	10/11/2013	Date of Injury:	10/23/2008
Decision Date:	02/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 & Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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. 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 a 37-year-old female who reported an injury on 10/23/2008; mechanism of injury was not reported. The patient is noted to have treated conservatively. She is noted to have undergone a left carpal tunnel release on 08/27/2010 and a right carpal tunnel release on 10/07/2010. She is noted to have previously undergone conservative treatment with physical therapy for an unknown number of sessions, both prior to and after her surgery. A clinical note dated 08/07/2013 signed by [REDACTED] reported the patient complained of constant moderate to severe sharp bilateral wrist pain with numbness, tingling, and weakness associated with repetitive movement, grabbing, grasping, gripping, and squeezing. She reported a flare-up after doing a lot of writing. On physical exam, the bilateral wrists was reported to have decreased and painful range of motion with flexion of 55, extension of 55, radial deviation of 15, and ulnar deviation of 25, with 3+ tenderness to palpation of the dorsal, volar, medial, and lateral wrists. Tinel's caused pain and Phalen's caused pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2 times a week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Section Physical Medicine Page(s): 98-99.

Decision rationale: The patient is a 37-year-old female who reported an injury to her bilateral wrists on 10/23/2008. The patient is noted to have undergone bilateral carpal tunnel releases with extensive physical therapy prior to and following the surgery. She is noted to have continued complaints of ongoing wrist pain, which she reported was severe and sharp with numbness, tingling, and weakness. She is reported on 08/07/2013 to have experienced a flare-up of her wrist pain after doing a lot of writing. The patient is noted to have minimal decreases in range of motion of the bilateral wrists with 3+ tenderness about the wrists and Tinel's and Phalen's tests causing pain. A request was made for 24 sessions of physical therapy to the bilateral wrists 2 times a week for 12 weeks. The California MTUS Guidelines recommend up to 9 to 10 visits over 8 weeks for treatment of myalgia and myositis, and 8 to 10 visits over 4 weeks for treatment of neuralgia, neuritis, or radiculitis. However, the patient is noted to have undergone extensive physical therapy in the past and there is no documentation of when the last physical therapy was completed and the patient's response to the previous physical therapy with documentation of functional improvement, decrease in pain, and decrease in the use of pain medications. As such, the need for additional physical therapy is not established. In addition, the request for 24 sessions of physical therapy exceeds guideline recommendations. Based on the above, the requested physical therapy sessions 2 times a week for 12 weeks for bilateral wrists and hands is non-certified.