

Case Number:	CM13-0027080		
Date Assigned:	04/28/2014	Date of Injury:	03/12/2013
Decision Date:	06/10/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/15/2013

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 Orthopedic Surgery 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 employee of [REDACTED] and has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of March 12, 2013. Treatment to date has included cold packs, wrist brace, NSAIDs, steroid injections, physical therapy, and H-wave therapy. Medical records from 2013 were reviewed. Patient complained of bilateral wrist pain graded 7/10 with numbness and tingling to both hands and fingers. Pain was noted to be aggravated by normal activities. Physical examination showed positive Tinel's to the right thumb. Range of motion of bilateral wrists was restricted at dorsiflexion of 75 degrees, palmar flexion of 55 degrees, ulnar deviation of 30 degrees, and radial deviation of 20 degrees. Utilization review from June 17, 2013 denied the request for 12 additional physical therapy sessions for the right wrist. Patient failed prior conservative care and wanted to schedule surgery for the right wrist, therefore, the examiner deemed that an additional pre-op physical therapy was not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY SESSIONS TO RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS/ACOEM Guidelines stresses the importance of time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Additionally the MTUS Chronic Pain Medical Treatment Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process. In this case, the patient has undergone a total of 9 physical therapy sessions to both wrists with no documentation of specific benefits, subjective or objective, that would have been derived from previous physical therapy. After 9 sessions of physical therapy, the patient is expected to be well-versed with home exercises. Therefore, the request for 12 additional physical therapy sessions to the right wrist is not medically necessary and appropriate.