

Case Number:	CM13-0029422		
Date Assigned:	11/01/2013	Date of Injury:	05/14/2010
Decision Date:	01/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma 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 58-year-old female who reported a work related injury on 05/14/2010 as the result of a fall. The patient presents for treatment of the following diagnoses: status post bilateral carpal tunnel releases and severe stiffness, bilateral hands, left greater than right. Carpal tunnel release was performed in 04/2012 on the right and left carpal tunnel release was performed on 08/17/2011. The clinical note dated 04/08/2013 evidences the most recent physical exam of the patient's bilateral wrists. The provider, [REDACTED], documents the patient is seen status post bilateral carpal tunnel releases. The patient has been complaining of significant numbness to the left hand, particularly involving the 4th and 5th fingers. The patient was referred for repeat electrodiagnostic studies of the upper extremities, which revealed a right upper extremity evaluation which showed no evidence of residual nerve compression. The left diagnostic study revealed treated left carpal tunnel syndrome and moderate to severe left cubital tunnel syndrome with ulnar nerve entrapment at the medial elbow. The provider documented, upon physical exam of the patient's bilateral wrists, neurovascular examination was within normal limits. The provider requested authorization for a left elbow ulnar nerve decompression with possible transposition, and recommended the patient continue physical therapy as well as home exercise for treated carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 to bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. It is unclear what the patient's course of postoperative treatment as far as physical therapy interventions has included, such as duration, frequency, and efficacy of prior physical therapy interventions. California MTUS postsurgical treatment guidelines support 3 visits to 8 visits over 3 weeks to 5 weeks for postsurgical treatment of a carpal tunnel. The clinical notes document the patient utilized postoperative physical therapy interventions. The provider documents the patient has continued with physical therapy; however, no physical therapy progress notes were submitted for review evidencing frequency, duration, or efficacy of treatment. Given the above, the request for physical therapy 2 times 6 to bilateral wrist is neither medically necessary nor appropriate.

Acupuncture 1 times 6 to bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical notes failed to document the patient's recent course of treatment, such as whether or not the patient had previously utilized acupuncture treatment. She presents status post her work related injury of over 3 and a half years' time. The clinical notes document the patient was recommended to undergo left ulnar nerve decompression in April; however, any recent physical exam findings of the patient's bilateral wrists and documentation of the patient's medication regimen were not submitted for review. Additionally, the clinical notes failed to document the patient's current functional deficits to the bilateral wrists to support the current request. California MTUS acupuncture medical treatment guidelines indicate acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery. Given all of the above, the request for acupuncture 1 times 6 to bilateral wrist is neither medically necessary nor appropriate.