

Case Number:	CM13-0037036		
Date Assigned:	12/13/2013	Date of Injury:	02/24/2010
Decision Date:	06/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice, has a subspecialty in Pain Medicine 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 a 64-year-old female claimant, who sustained a work injury on 2/24/10, involving the wrists and shoulders. She had developed carpal tunnel syndrome and underwent surgery of the right wrist in October 2010. In January 2011 she underwent carpal tunnel release on the left wrist. She had persistent pain and paresthesias after the surgeries. A progress note on 9/24/123 indicated that steroid injections in the wrists had alleviated some of the symptoms. There was a subsequent request for physical therapy for the wrists three (3) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR FOR 4 WEEKS FOR THE BILATERAL WRISTS AND HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CARPAL TUNNEL SYNDROME (UPDATED 05/07/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272, Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The MTUS/ACOEM Guidelines indicate that physical treatment can be performed at home. Education on exercises can be provided after which further treatment can be done independently. The Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend nine to ten (9-10) visits over eight (8) weeks for myalgia and myositis; eight to ten (8-10) visits over four (4) weeks for neuralgia, neuritis, and radiculitis; and twenty-four (24) visits over sixteen (16) weeks for reflex sympathetic dystrophy. In this case, the indication for therapy is not specified in the documentation. There is also no indication of a tapered treatment protocol. Therapy is not medically necessary based on the above guidelines.