

Case Number:	CM13-0041270		
Date Assigned:	12/20/2013	Date of Injury:	05/12/2010
Decision Date:	02/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine, has a subspecialty in Interventional Spine 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. 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 61-year-old female with a date of injury on 05/12/2010. The progress report dated 09/19/2013 by [REDACTED] noted that the patient's diagnosis includes: Bilateral carpal tunnel syndrome. The patient complained of bilateral hand/wrist pain. The medical record review indicated that there were handwritten physical therapy notes from 05/29/2013 through 06/10/2013 from [REDACTED] documenting 6 visits for treatment of bilateral wrists and hands. Examination findings included thenar atrophy on the right. Decreased range of motion of the bilateral lateral wrist, positive Phalen's and Tinel's test. Treatment recommendations included bracing and additional physical therapy. As the patient had reported, she was showing improvement. The utilization review letter dated 10/03/2013 indicated that there was a denial on 06/24/2013 of a request for additional physical therapy of 6 visits for the bilateral wrist, setting that the patient receive 6 physical therapy visits for a diagnosis of 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 4 weeks for the bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG web Carpal Tunnel Syndrome-PT

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

Decision rationale: The records indicate that the patient was seen on 09/19/2013 with the continuation of bilateral hand and wrist pain. The patient had recently received 6 visits of physical therapy and had reported that she had some functional improvement. A request was made for an additional 8 sessions of physical therapy for the bilateral wrists and hands. MTUS page 98 and 99 regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. Physical therapy visits between 8 to 10 are recommended for neuralgia, neuritis, and radiculitis unspecified. The records indicate the patient has previously undergone 6 visits of physical therapy in the recent past and the requested 8 visits combined would exceed the guideline recommendations. Therefore, recommendation is for denial.