

Case Number:	CM13-0041979		
Date Assigned:	12/20/2013	Date of Injury:	09/08/2011
Decision Date:	02/19/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 09/08/2011. The mechanism of injury was an exploding pipe that spilled toxic and caustic chemicals onto the patient's skin and left eye. The patient was initially provided with eye drops and returned to work a few days after the initial incident. The patient was noted to have continued being symptomatic; however, these symptoms were not detailed. According to the medical records provided, it appears the patient's primary complaints were to his lower back and bilateral lower extremities due to varicosities. The earliest clinical note provided for review that contained any complaints regarding the left wrist pain was dated 09/11/2012. The patient subsequently underwent an EMG/NCV of the bilateral upper extremities that revealed bilateral median nerve neuropathy, right ulnar nerve neuropathy, and left radial nerve neuropathy; these were not official results. The patient subsequently underwent a left carpal tunnel release in 09/2013 after an injection to the tendon sheath did not improve his symptoms. The records provided did not include any objective findings of range of motion deficits after the surgery was complete; the only statements that he was still having pain despite his left carpal tunnel release and trigger finger release procedure. There was no other information regarding his left wrist included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A set of 12 physical therapy sessions for the left hand/wrist, 3 times a week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist); Table 2, Hand and Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): pages 98-99..

Decision rationale: The California MTUS/ACOEM Guidelines recommend up to 8 postsurgical physical therapy treatments after a carpal tunnel release. The Guidelines state there is limited evidence demonstrating effectiveness of physical therapy after carpal tunnel surgery; however, an initial trial of 3 to 5 visits may be performed to determine efficacy. Extended therapy visits are not supported, however. As the request is not clear as to whether this was a postsurgical request or general request for physical therapy, the Chronic Pain Guidelines were also supplemented. The California MTUS/ACOEM, Chronic Pain Guidelines state for unspecified myalgia or neuralgia, up to 10 visits of physical therapy is recommended. However, this is after a trial of 6 visits has been performed to determine efficacy, and documented objective evidence is provided showing improvement. The current request exceeds guideline recommendations in both the chronic pain and final clean versions of the MTUS. As such, the decision for 12 physical therapy sessions for the left hand/wrist 3 times a week for 4 weeks is non-certified.