

Case Number:	CM13-0046699		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2012
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Sport Medicine and is licensed to practice in New York 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:

This is a 57-year-old male who reported an injury on 11/08/2012 and the mechanism of injury is reportedly continuous trauma to bilateral wrists/hands due to repetitive motions resulting in a diagnosis of carpal tunnel syndrome. Past treatments reported were massages and wax therapies and 9 prior chiropractic visits; surgical history included right trigger finger release of thumb on 11/30/2012. A nerve conduction study was reportedly performed (date of test not provided), as well as, x-ray and MRI studies (dates and findings not provided). Medications listed in office visit note, 10/15/2013, are Ibuprofen, Welchol, Quinapril, and HCTZ (dosages and frequencies not provided). Also in same office note of 10/15/2013, range of motion for wrists/hands: flexion right 60 degrees/left 60 degrees; extension right 60 degrees/left 60 degrees; radial deviation right 20 degrees/left 20 degrees; ulnar deviation right 30 degrees/left 30 degrees. There was a positive Tinel's, Phalen's, and compression test on right side on 10/15/2013; grip strength: right 35 kg on first try and on 3rd 30kg/left 30kg on first try and on 3rd 32kg. Diagnostic study included an EMG/NCV (electromyogram and nerve conduction studies) on 04/03/2013 which was positive for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physiotherapy to the bilateral hands 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for outpatient physiotherapy to the bilateral hands 2 times a week for 6 weeks is non-certified. Objective findings for carpal tunnel syndrome were found on Tinel's, Phalen's, and compression test, as well as, on an EMG/NCV test and subsequently, the patient had a right trigger finger release of thumb on 11/30/2012. The Chronic Pain Medical Treatment Guidelines state that active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort and a home exercise program can be of benefit as well. Current diagnostic/imaging studies and current significant functional deficits were not provided in the clinical information provided. As such, the requested service is non-certified.