

Case Number:	CM13-0048301		
Date Assigned:	12/27/2013	Date of Injury:	12/10/2008
Decision Date:	04/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Acupuncture and Pain Management 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:

This is a 58 year old female injured worker with date of injury 12/10/08 with related bilateral forearm, wrist and hand pain (left greater than right) rated as 2/10. Per 11/4/13 note, she reports that the pain is associated with numbness in her left dorsal and palmar surface of hand, wrist and forearm. The pain radiates to her left arm and fingers. She is currently off work. EMG/NCV studies of the bilateral upper extremity performed 10/22/13 demonstrated that there is evidence of a severe median motor-sensory nerve entrapment at the wrist bilaterally (carpal tunnel syndrome). There is no evidence of cervical radiculopathy in either of the upper extremities. Treatment to date has included medication, bracing, physical therapy, and time off work. The date of UR decision was 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS 3 TIMES 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Section on Physical Medicine.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis: 9-10 visits over 8 weeks Official Disability Guidelines (ODG), Physical Medicine Guidelines for Carpal Tunnel Syndrome are as follows: Medical treatment: 1-3 visits over 3-5 weeks Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks Post-surgical treatment (open): 3-8 visits over 3-5 weeks As the request exceeds the recommended amount of physical therapy sessions it is not medically necessary. It should be noted that the UR physician has approved 2 sessions over 2 weeks.

MRI OF THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome Chapter, MRIs (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, MRI's.

Decision rationale: ODG TWC, (Treatment of Worker's Comp), with regard to MRI's for carpal tunnel syndrome: "Not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected CTS for the foreseeable future, but MR imaging may contribute to the diagnosis of CTS for patients with ambiguous electrodiagnostic studies and clinical examinations." As there is no documentation of ambiguous electrodiagnostic studies, MRI of the wrist is not indicated. The request is not medically necessary.