

Case Number:	CM13-0054846		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2012
Decision Date:	10/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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:

There were 17 pages provided for this review. There was an application for independent medical review. The claimant had carpal tunnel syndrome. It was not signed or dated. Per the records provided, there is pain at the base of the left middle finger. She is otherwise doing well with the left hand. She does report numbness and tingling on the right. She has a positive Tinel's sign and positive Phalen's test on the right. She is slightly tender at the base of the right long and ring finger flexor tendon sheaths. On the left, she is moderately tender in the left Palm. Sensation has improved in the left hand. The diagnosis was status post left carpal tunnel release, status post left middle and ring finger tenosynovectomies, right carpal tunnel syndrome, and mild right middle and ring finger tenosynovitis. She will continue to work on stretching of the left hand. The doctor noted the last course of therapy requested was not authorized. She still had enough limitations with the left-hand that he felt she would benefit from another four weeks of therapy. The doctor again requested therapy two times a week for four weeks for desensitization, stretching and strengthening of the left hand. The medicines were naproxen, Prilosec, and Mentherm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) OCCUPATIONAL (PHYSICAL) THERAPY SESSIONS TO THE BILATERAL WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 92.26 MTUS (Effective July 18, 2009 Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary and appropriate.