

Case Number:	CM13-0058520		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2013
Decision Date:	04/01/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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 30 year old female who was injured on 04/30/2013. The patient gradually developed pain in her bilateral hands due to working on the computer performing data entry for eight hours a day. Prior treatment history has included medication and activity modification. Diagnostic studies reviewed include EMG/NCS performed on 10/24/2013 indicated there was no electrodiagnostic evidence of cervical radiculopathy, brachial plexopathy, or mononeuropathy involving bilateral median, ulnar and radial nerves. There was no electrodiagnostic evidence of bilateral carpal tunnel syndrome or ulnar neuropathy at the wrists or elbows. PR-2 note dated 09/06/2013 documented the patient to have complaints of pain in her bilateral hands. Symptoms were relieved by wrapping it. Objective findings on exam revealed range of motion of the wrists was normal bilaterally. Range of motion of the hands was normal bilaterally. There was mild tenderness over the volar and dorsal flexion crease with a mildly positive Tinel's and Phalen's over the carpal tunnel. There was mildly positive Tinel's over the cubital tunnel; Tinel's over Guyon's canal was negative; Phalen's was negative; Finkelstein's was negative; Carpometacarpal grind test was negative. Her motor strength was 5/5 with no asymmetry. She had intact sensation to light touch but was subjectively decreased. PR-2 note dated 11/22/2013 documented the patient to have complaints of pain in her bilateral hands and bilateral elbows. Her condition was the same since her last visit. She had full range of motion. She had a positive Tinel's of the cubital tunnel; positive Tinel's of the right carpal tunnel; mild pain with resisted flexion and extension of the wrist bilaterally. Her distal sensation was intact to light touch. Despite a normal study, on examination she did have symptoms for cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 to the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Carpal tunnel syndrome (Acute and Chronic), Physical Medicine Treatment; Physical Medicine & Rehabilitation, 3rd Edition, 2007, Chapter 39: Musculoskeletal Problems of the Upper Limb, pages 825 - 854.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, "there is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported." In this case, this patient has pain in her hands exacerbated by movement and typing. Objectively, she has normal range of motion of wrists and hands, mildly positive Tinel and Phalen tests at wrists and mild positive Tinel test at elbows, and strength 5/5. The request is for 12 visits of physical therapy to the bilateral upper extremities, which exceeds the guidelines recommendation. Thus, the request is non-certified.