MAXIMUS Federal Services

Case Number:	CM13-0060718		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2010
Decision Date:	04/29/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

The patient is a 53 year old female with date of injury 7/21/10. She was diagnosed with carpal tunnel syndrome. Per 11/18/13 visit note she was status post an injection to the right PT (pisotriquetral) joint with 100% pain relief on the ulnar side of her wrist. She also had injections on 10/09/13 to the right first CMC joint and first MP joint that helped almost 100% for 4 weeks. She had most of her pain in the first MP joint that day. She is status post ACDF in 11/12 and right shoulder SAD in 07/11 She complained of dull pain in her right hand with numbness, tingling, and weakness and stated her symptoms were severe and aggravated by use and alleviated by rest and NSAIDs. She was scheduled for cervical injections. She had good ROM at the elbow, wrist, and digits. She had positive elbow flexion test and Tinel's at the cubital tunnel with no tenderness. She had tenderness at the carpals and ECE and tenderness at the 1st CMC and 1st MP joints. MRI showed a volar ganglion at the right wrist and mild to moderate piso-triquetral arthritis. She was in minimal distress during the exam. She had findings consistent with cervical radiculopathy and pain in her wrist and hand. Another injection to the 1st MP joint was done.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY (8 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Forearm, wrist & hand, Physical therapy. Page(s): 98-99.

Decision rationale: Per MTUS guidelines, physical medicine 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. For myalgia and myositis 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks are appropriate. Per ODG TWC, for carpal tunnel syndrome, medical treatment should be 1-3 visits over 3-5 weeks. As the request exceeds the recommended number of sessions, it is not medically necessary.