

Case Number:	CM13-0063065		
Date Assigned:	12/30/2013	Date of Injury:	09/05/2012
Decision Date:	05/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neurology, 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 injured worker (IW) is a 44 year old male who reports pain in the bilateral wrists as a result of work performed from September 2011 until September 2012. He reports the pain in the ranges of four or five up to an eight out of ten and described it as moderate to severe. The IW reports the pain is in his hands with numbness and radiates to his middle three fingers bilaterally. His physical exam is notable for tenderness of the carpal bones along the median nerve distribution of both wrists. The IW has a positive Finkelstein's test bilaterally and has been diagnosed with bilateral wrist strain and sprain. The diagnosis also includes consideration for bilateral carpal tunnel syndrome and bilateral De Quervain's tenosynovitis. There is no electrodiagnostic testing reported in the documentation (EMG and nerve conduction testing) to support a diagnosis of carpal tunnel syndrome. The IW has received treatment with both oral medications in addition to topical analgesics. The documentation reviewed does not indicate that this IW has been prescribed physical therapy prior to the request for physical therapy three times per week for six weeks, which was non-certified on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) PHYSICAL THERAPY SESSIONS FOR BILATERAL WRISTS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 99.

Decision rationale: The treating physician cites a diagnosis of bilateral wrist strain and sprain, which can be described as Neuralgia (unspecified). With regard to this diagnosis, the Physical Medicine Guidelines within the MTUS reference recommend eight to ten visits over four weeks. The request for physical therapy treatment as written is not within the Chronic Pain Medical Treatment Guidelines and, as such, is not medically necessary.