

Case Number:	CM13-0063381		
Date Assigned:	04/30/2014	Date of Injury:	10/04/2012
Decision Date:	12/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/10/2013

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 & Rehabilitation, 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 injured worker is a 47-year-old male who reported an injury on 01/07/2011. The mechanism of injury was not provided. Diagnoses include right long finger locked in flexion due to trigger finger, bilateral wrist pain, anxiety, insomnia, carpal tunnel to right hand. Past medical treatments included medications, surgery, and therapy. Diagnostic testing was not provided. The injured worker had left long trigger finger release, the date was not provided. The injured worker had both left and right. The injured worker complained of right wrist pain of a moderate degree and right long finger with moderate to greater pain on 06/17/2014. The physical examination of right elbow revealed sensitivity over the olecranon. The right wrist had slight tenderness where his wound was healed, and his right long finger skin has healed with no tenderness. The hand grip of right hand revealed 20/25/20 and left hand 70/55/70. The medications included tramadol 150 mg, Prilosec 20 mg, and Naprosyn 550 mg. A request was submitted for physical therapy 3 times per week x6 weeks. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks: 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) Carpal Tunnel, Physical medicine treatment

Decision rationale: The request for PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS is not medically necessary. The injured worker complained of right wrist pain of a moderate degree and right long finger with moderate to greater pain on 06/17/2014. The official disability guidelines state Physical therapy is recommended. 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. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis. Post-surgical treatment is 3-8 visits over 3-5 weeks. There is a lack of documentation indicating the injured worker's previous physical therapy number of visits and efficacy of the prior therapy. Additionally, the request does not indicate the site in which physical therapy is being requested for. The request exceeds the guidelines. Therefore, the request for Physical Therapy is not medically necessary.