

Case Number:	CM13-0067745		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2011
Decision Date:	05/28/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 and 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 patient is an employee of [REDACTED] and has submitted a claim for pain in bilateral hands, with an industrial injury date of June 1, 2011. Treatment to date has included EMG, left carpal tunnel release in 2011 and right carpal tunnel release in 2012, 16 physical therapy from June 2011 to July 2012, and medications which include oxycodone, tramadol, naproxen. Utilization review from December 12, 2013 has denied the request for 8 physical therapy visits for the bilateral wrist between December 11, 2013 and January 25, 2014 because the number of visits requested will exceed the recommended sessions in the guidelines. Medical records from 2013 were reviewed, the latest of which dated December 18, 2013 which revealed that the patient continues to have severe pain in her bilateral hands, which radiates proximally to the forearm/elbow regions. She continues to have numbness, tingling and weakness of bilateral hands. On physical examination, Jamar Dynamometer grip strength testing was performed in kilograms, three tries with the following results: Trial 1 right hand 2kg, left hand 2kg; Trial 2 right 0kg, left 0kg; Trial 3 right 0kg, left 0kg. Two-point discrimination was performed and the left was 6mm and the right was 7mm. There was a 2.5cm surgical scar on the volar aspect of the left wrist and a 3.5cm right surgical scar on the volar aspect of the right wrist. Tinel's sign was positive at bilateral wrist and bilateral cubital tunnels. There was decreased sensation to light touch and pinprick in both the median and ulnar nerve distribution on both hands with the right thenar eminence having the most deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE BILATERAL WRISTS BETWEEN 12/11/13 AND 1/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome and Physical Medicine Treatment Chapters

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, chapter on physical medicine, fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy is recommended. Also stated in Official Disability Guidelines, topic on carpal tunnel syndrome, recommendation of physical therapy as medical treatment is one to three visits over three to five weeks. In this case, number of visits requested exceeds the recommended one to three visits over three to five weeks. The patient has had adequate sessions of physical therapy and should be well versed in home exercises. The request for eight physical therapy visits for the bilateral wrists is not medically necessary or appropriate.