

Case Number:	CM13-0068094		
Date Assigned:	01/03/2014	Date of Injury:	06/15/2011
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 27-year-old female who reported an injury on 06/15/2011 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to her neck, shoulders, elbows, hands, and wrists. The patient's treatment history included occupational therapy, anti-inflammatory medications, splinting, and activity modifications of the patient's workstation. The patient's most recent clinical evaluation documented that the patient had mild to moderate tenderness at the radial tunnel bilaterally. Full range of motion in all digits of both hands, elbows and wrists and bilateral trapezial tenderness to palpation. The patient's diagnoses included carpal tunnel syndrome of the bilateral upper extremities, possible cervical radiculopathy and bilateral radial tunnel syndrome. The patient's treatment plan included activity limitations at work, MRI of the neck, thoracic spine and bilateral wrists, and physical therapy 2 to 3 times a week for 6 weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) FOR THE BILATERAL HANDS/WRISTS, 12-18 VISITS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy for the bilateral hands/wrists 12 to 18 visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends physical therapy for patients with chronic pain. However, the clinical documentation submitted for review does indicate that the patient previously participated in occupational therapy for the bilateral hands and wrists. The efficacy of the prior therapy was not provided within the documentation. In addition, California Medical Treatment Utilization Schedule recommends 8 to 10 visits for patients with neuropathic pain. The requested 12 to 18 visits exceed this recommendation. There are not exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy of the bilateral hands and wrists for 12 to 18 visits is not medically necessary or appropriate