

Case Number:	CM14-0007237		
Date Assigned:	02/19/2014	Date of Injury:	04/30/2012
Decision Date:	07/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/20/2014

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 Occupational 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 68-year-old male who has submitted a claim for bilateral carpal tunnel syndrome s/p right carpal tunnel release and cervical radiculopathy associated with an industrial injury date of April 30, 2012. Medical records from 2013 were reviewed. The latest progress report, dated 10/19/2013, showed neck pain radiating into the right upper extremity with pain, paresthesia, and numbness. There was also bilateral wrist pain with numbness, tingling sensation in the hands and decreased grip strength. Physical examination revealed spasm, tenderness and guarding noted in the paravertebral musculature of the cervical spine with loss of range of motion. Bilateral wrist showed positive Phalen and reverse Phalen signs with decreased grip strength and distal radial tenderness. Treatment to date has included right carpal tunnel release (11/20/2007), 24 sessions post-op physical therapy and medications. Utilization review from 12/13/2013 modified the request from 12 physical therapy sessions for cervical spine/left and right wrist and hand to 8 physical therapy session for cervical spine/left and right wrist and hand because it was indicated to address the flare-up and reinstitute home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR CERVICAL SPINE AND (LEFT AND RIGHT) WRIST AND HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDLINES.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 24 sessions of post-op PT for the right hand since 2007. A medical record, dated 09/24/2013, revealed intermittent neck pain since 1996, and is associated with radiation into both shoulders. In addition, complaints of intermittent numbness and tingling sensation in bilateral wrist, hands and fingers were noted, since 2005. A work-related injury in 2012 was associated with complaints of neck pain and numbness and tingling sensation in the left hand. The rationale for requesting PT is to address the flare-up of symptoms as stated above. However, CA MTUS Guidelines recommends 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis. The present request of 12 visits exceeds the guideline recommendation of 8-10 visits. There is no documented indication for the quantity of visits being requested. Therefore, the request for 12 physical therapy sessions for cervical spine/left and right wrist and hand is not medically necessary.