

Case Number:	CM14-0102023		
Date Assigned:	07/30/2014	Date of Injury:	05/12/2009
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported an injury on 05/12/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/05/2014 indicated a diagnosis of bilateral carpal tunnel syndrome. The injured worker reported increased pain in both hands with inability to do simple things, like grip her grandchildren's hand. The injured worker reported she would like to push ahead with carpal tunnel treatment. The injured worker reported she had never had any prior physical therapy and would like to try with a little bit of physical therapy before undergoing surgery. The injured worker was approved for 6 sessions of physical therapy dated 06/11/2014. The injured worker's prior treatments included medication management. The treatment plan included 10 to 12 sessions of physical therapy, continue with her medications, as well as thumb spica brace and followup. The provider submitted a request for physical therapy. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for five (5) weeks for the Bilateral Hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Carpal Tunnel Syndrome Procedure Summary last updated

02/20/2014: Physical Medicine Guidelines, Official Disability Guidelines - TWC Forearm, Wrist, & Hand Procedure Summary last updated 02/18/2014: Physical Therapy Guidelines.

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

Decision rationale: The request for Physical Therapy two (2) times a week for five (5) weeks for the Bilateral Hands is non-certified. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker was approved for 6 sessions of physical therapy dated 06/11/2014. It is not indicated how many sessions the injured worker has completed. In addition, there was a lack of efficacy of the physical therapy that has been completed. Moreover, there is lack of documentation, including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility to warrant additional therapy. Therefore, the request for additional physical therapy is non-certified.