

Case Number:	CM14-0018300		
Date Assigned:	06/11/2014	Date of Injury:	06/09/2009
Decision Date:	07/14/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 Orthopedic Surgery 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 records presented for review indicate this 64-year-old female was reportedly injured on June 9, 2009. The mechanism of injury was not listed in the medical records reviewed. The most recent progress note, dated June 3, 2014, indicates there are ongoing complaints of pain in the hands and fingers. The physical examination demonstrated bilateral Tinel's and Phalen's tests of the wrists and a left sided Finkelstein's test. There was a positive Cozen's test of the right and left elbows. Previous nerve conduction studies indicated severe carpal tunnel syndrome on the left and right side. There were diagnoses of bilateral lateral epicondylitis, left-sided DeQuercain's tenosynovitis and bilateral carpal tunnel syndrome. Surgery for bilateral carpal tunnel syndrome was recommended; however, the patient preferred conservative care. Previous treatment included physical therapy addressing multiple orthopedic issues. A previous utilization management review, dated February 18, 2014, certified nine sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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 Syndrome (Acute & Chronic), Physical medicine treatment, Updated February 20, 2014.

Decision rationale: The Official Disability Guidelines recommend medical treatment of carpal tunnel syndrome with physical therapy for 1 to 3 visits over 3 to 5 weeks' time. The injured employee has apparently previously participated in physical therapy for multiple orthopedic conditions including carpal tunnel syndrome. As the injured employee is experienced in physical therapy for carpal tunnel syndrome, it is unclear why additional therapy is recommended. Therefore, this request for additional nine (9) physical therapy sessions is not medically necessary.