

Case Number:	CM14-0018389		
Date Assigned:	04/18/2014	Date of Injury:	02/08/2007
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
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 Internal 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 52 year old male who was injured on 02/08/2007. He sustained an injury when a chair broke and caused him to fall. Prior treatment history has included pain medications, right thumb spica brace, two cortisone injections, lumbar epidural steroid injections. The patient underwent cervical discectomy and fusion on 03/11/2013, a right wrist carpal tunnel release in 08/2012, and left carpal tunnel release on 12/06/2013. Orthopedic follow up note dated 01/28/2014 indicates the patient presents with complaints of neck pain rated as 7/10, both wrist pain rated as 4/10, lower back pain rated as 7/10, right knee pain rated as 8/10, and left knee pain rated as 6/10. Objective findings on exam revealed the patient is wearing a firm left wrist brace and a soft right knee brace. The bilateral wrist incisions appear clear, dry, and intact; showing zero signs and symptoms of drainage. Range of motion is limited and painful upon left wrist/hand dorsiflexion, palmar flexion, radial deviation, and ulnar deviation. Range of motion of the right wrist is within normal limits; on the left exhibits dorsiflexion/extension to 38 degrees; palmar flexion to 40 degrees; abduction/radial deviation to 10 degrees; and adduction/ulnar deviation to 15 degrees. On orthopedic exam, the patient has positive Tinel sign on the right, but negative on the left. He has negative Phalen's maneuver, bilaterally. Motor strength in the upper extremity is 5-/5 in all planes except wrist extension is 4-/5, finger abduction is 4-/5 and abductor pollicis brevis-median is 4/5. The upper extremity deep tendon reflexes are 2+ bilaterally. The assessment is status post right wrist carpal tunnel release in 08/2012, stable; right wrist de Quervain disease; left wrist carpal tunnel syndrome; and status post left wrist carpal tunnel release. The patient has ongoing physical therapy at WestStar, at a frequency of three times a week for four weeks, with regard to his left wrist only.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL WRIST X12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ,

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

Decision rationale: As per CA MTUS chronic pain medical treatment guidelines, physical medicine 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. In this case, the medical records submitted showed that this patient had right carpal tunnel release in August 2012 and left carpal tunnel release on 12/06/2013. A progress report dated 01/28/2014 revealed left wrist/hand ROM was limited and painful and right wrist ROM was normal. There was positive Tinel sign on right but negative on left. Negative Phalen bilaterally. Motor strength was 4/5 in left wrist extension, finger abduction, and abductor pollicis brevis. It was noted that the patient is ongoing physical therapy at frequency of 3 x per week for 4 weeks for left wrist only. However, there is no documentation of the number of prior physical therapy sessions completed so far as well as no documentation of the therapeutic outcome of the prior physical therapy treatment completed. Additionally, the guidelines recommend 3-8 visits over 3-5 weeks for the diagnosed condition. However, the request is for 12 sessions of physical therapy for bilateral wrist, which exceeds the guidelines recommendation. Therefore, the request is not medically necessary and appropriate.