

Case Number:	CM14-0112846		
Date Assigned:	08/01/2014	Date of Injury:	08/22/2013
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation 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 injured worker is a 50 year old male who reported an injury on 08/22/2013. The mechanism of injury was not specified. His past treatments consisted of multiple surgeries, approximately 12 physical therapy visits, home exercises, and splinting of the wrists. The injured worker's diagnostic exams included nerve conduction studies on 09/25/2013, which revealed bilateral upper extremity motor neuropathy. Also, an MRI performed on 09/20/2013 of the right and left wrist, revealed moderate fluid buildup and a partial tear of the triangular fibrocartilage. His surgical history included an anterior transposition of the ulnar nerve of the left elbow on 03/11/2014. He also had a carpal tunnel and cubital tunnel release of the left upper extremity on 03/11/2014. There was also notation of a right carpal tunnel release surgery performed but the date is unspecified. On 04/16/2014, the injured worker complained of pain to his right wrist, which he rated 6/10. He also complained of pain to the left wrist, which he rated 7/10. His complaints of right and left elbow discomfort included that this pain radiated down into his bilateral wrists. The physical exam revealed a positive Phalen's, Reverse Phalen's, Tinnel's and Finkeltstein's exam. His medications were not included in the clinical notes. The treatment plan encompassed the completion of physical therapy 2 times a week for 4 weeks to his bilateral wrists. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 4WKS FOR BILATERAL WRIST: Upheld

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

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, Physical Medicine

Decision rationale: The California MTUS Post-Surgical Guidelines state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery. The benefits need to be documented after the first week of surgery and therapy may only be continued for a maximum of 8 visits. The clinical notes indicate the injured worker had left carpal tunnel release surgery on 03/11/2014 which did warrant a maximum of 8 sessions of physical therapy. He was noted to have completed approximately 12 visits to date. The physical therapy notes do not clearly indicate the efficacy of the therapy and what treat modalities were used, as passive modalities would not be supported by the guidelines. However, as he has received approximately 12 physical therapy sessions since the left carpal tunnel surgery, which exceeds the recommend maximum of 8 visits, additional treatment is not supported. Additionally, there is no quantitative measurable evidence to corroborate findings that indicate significant improvement while attending physical therapy. As such, the request for physical therapy 2 times a week for 4 weeks is not medically necessary.