

Case Number:	CM14-0131767		
Date Assigned:	09/25/2014	Date of Injury:	07/12/2012
Decision Date:	10/27/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 44 year old male with an injury date of 7/12/12. Based on the 6/24/14 progress report by [REDACTED] this patient complains of "moderate" pain in bilateral wrists, with "tingling and numbness" of fingers with use, and he also has "mild pain" in his neck. Jamar Dynamometer, tested three times, recorded in pounds, shows right grip strength is R1-120/R2-115/R3-120 and left grip strength is R1-95/R2-90/R3-90. Wrist exam with dorsiflexion is R-40/L-40 with normal-60 and palmar flexion is R-50/L-50 with normal-60. MRI of the left wrist (undated) is referenced, showed "scar tissue over the carpal tunnel canal" and the cervical spine MRI (undated) showed 3 levels of disc bulge at C3-4, C4-5 and C5-6 of 2-mm only. Work status as of 6/24/14: "Temporarily totally disabled for 6 weeks." Diagnoses for this patient are: 1. Left carpal tunnel syndrome. 2. Status post left carpal tunnel release on 2/7/14 by [REDACTED]. 3. Right carpal tunnel syndrome. 4. Cervical sprain/strain rule out herniated nucleus pulposus. 5. Depression and anxiety. 6. Hypertension, industrial. 7. Diabetes mellitus, industrial. 8. Morbid obesity. 9. Possible bilateral ulnar nerve compression at the elbows and wrists. The utilization review being challenged is dated 7/29/14. The request is for Physical Therapy 3 times a week x 6 weeks. The requesting provider is [REDACTED] and he has provided various reports from 12/03/13 to 8/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits (3 X 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This patient presents with moderate pain in bilateral wrists and mild pain in his neck. The request is for Physical Therapy 3 times a week x 6 weeks. Postsurgical MTUS guidelines for carpal tunnel syndrome allow 3-8 visits over 3-5 weeks, during 3 months post-top treatment period and prolonged therapy visits are generally not supported. Additionally, MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. The 3/27/14 report indicate this patient has had a total of 10 out of 10 scheduled occupational therapy visits, with the initial visit on 2/26/14. In this case, the request for an additional 18 sessions exceeds MTUS guidelines and does not indicate fading of treatment frequency. Furthermore, there is no discussion as to why this patient cannot reasonably continue active exercises at home, as an extension of the treatment process. This request is not medically necessary.