MAXIMUS Federal Services

Case Number:	CM14-0151932		
Date Assigned:	09/22/2014	Date of Injury:	08/25/2013
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female with a work injury dated 8/25/13. The diagnoses include lumbosacral spondylosis, carpal tunnel syndrome, cervical spondylosis, osteoarthritis, cervical radiculopathy. Under consideration is a request for bilateral hand physical therapy 2 times 6. There is a primary treating physician report dated motor assessment: 5/5 in bilateral upper extremities Upper extremity reflexes: Brachioradialis 2+bilaterally Biceps 2+ right and 1 + left Triceps 2+ bilaterally Hoffmans absent Sensory Assessment: Right c6and c7 dermatomes 75% diminished sensation to pinprick and vibration. There is no allodynia or hyperalgesia. Neck Exam: ROM full in all directions with pain Spurling's test caused pain into left upper arm Facet loading maneuvers resulted in pain ipsilaterally on both sides. Tenderness to palpation over the upper and mid cervical facet joints. Tenderness to palpation with trigger points, positive twitch response and palpable bands in bilateral cervical and upper thoracic paraspinal areas - worse on left side Tinel's and Phalen's test positive at bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral hand physical therapy 2 times 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome- Physical medicine treatment

Decision rationale: Bilateral hand physical therapy 2 times 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ODG states that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The MTUS recommends up to 10 visits for myalgia and neuritis/radiculitis. The patient has had prior physical therapy. The request exceeds the guideline recommendations for therapy. It is unclear from the documentation how much therapy the patient has had for the hands. Without this information and the fact that the request exceeds guideline recommendations bilateral hand physical therapy 2 times 6 is not medically necessary.