

Case Number:	CM14-0165281		
Date Assigned:	10/10/2014	Date of Injury:	04/01/2014
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 35-year-old male who sustained a work injury on 4/1/14. Office visit on 8/8/14 notes the claimant presents with carpal tunnel syndrome in both wrists. The claimant reports stinging and numbness. He has been using wrist braces. On exam, the claimant had no tenderness, swelling or edema on the right. The claimant had positive Phalen's, Tinel's on the right and left. Recommendations for NCS to confirm the diagnosis, physical therapy 2-3 x 6 weeks and the use of wrist brace all the time. Office visit on 8-25-14 notes the claimant has a diagnosis of bilateral wrist strain/sprain, bilateral ganglion cysts. It is noted the claimant has bilateral cubital tunnel syndrome. The claimant was given prescription for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 weeks: 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 chapter - physical therapy

Decision rationale: ODG reflects that physical therapy medical treatment is recommended at 1-3 visits over 3-5 weeks. The requested physical therapy exceeds current treatment guidelines recommendations. Additionally, there is an absence in documentation noting his past treatment including physical therapy that has already been provided. Records reflect that prior physical therapy had been certified. Therefore, the medical necessity of this request is not established.

EMG/NCV upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM notes that patients with a presumptive diagnosis of CTS should have both: 1) tingling or numbness in a median nerve distribution, generally involving at least two median nerve-served digits (they may also have pain or burning in a median nerve distribution, but should have paresthesias); and 2) symptoms that are provoked either nocturnally or with sustained grasp (e.g., holding a tool, steering wheel or newspaper). Patients with a confirmed diagnosis of CTS should have both symptoms as with a presumptive diagnosis above, and either: 1) a confirmatory electrodiagnostic study (EDS) interpreted as consistent with CTS; or 2) largely or completely resolved symptoms with injection of a glucocorticosteroid. Medical Records reflect this claimant had NCS certified on 8-22-14. The medical necessity for repeat electrodiagnostic testing is not supported as reasonable or medically necessary, particularly without indication of prior result.

Range of Motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - flexibility

Decision rationale: ODG only addresses this request in the low back chapter. It is noted that flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. Range of motion testing is part of the office visit/physical exam. Therefore, specialized range of motion testing is not supported as medically necessary.