

Case Number:	CM14-0183203		
Date Assigned:	11/10/2014	Date of Injury:	03/21/2014
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 57-year-old female who reported injury on 03/21/2014 while working on computers at work. Her diagnoses include a wrist strain, carpal tunnel syndrome and cubital tunnel syndrome with radial neuropathy. Past treatments included wrist splint, 8 physical therapy visits, and medications. Diagnostic studies included an EMG/NCV performed on 03/20/2014 with findings indicating moderate bilateral median nerve compromise at or near the wrist/carpal tunnel affecting the sensory and motor components indicative of demyelinating and axonal process. On 10/30/2014, the injured worker stated her symptoms had improved in her bilateral upper extremities. She noted the numbness had improved by 40%, and her pain is rated at 3/10 at the medial elbow, and her strength is also improved. Physical examination findings revealed improved grip strength on the right and improved lateral pinch on the right. It was also indicated the left grip improved along with the left lateral pinch. The physical therapist noted the injured worker had made excellent progress in regard to improving in strength and decrease in symptoms. Medications include gabapentin 100 mg, frequency was not provided. The treatment plan included a recommendation of hand treatments 2 times a week for 4 weeks to improve functions of the bilateral upper extremities. A request was received for hand therapy x8 sessions. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to the California MTUS Guidelines physical medicine is allowed for neuralgia, neuritis, and radiculitis, for the patient's specific hand therapy, for 8 to 10 visits. The injured worker is noted to have carpal tunnel syndrome. It is also indicated that the patient's hand therapy is reportedly reducing swelling, decreasing pain, and improving range of motion. Documentation was provided in regard to objective functional improvements to include an improvement on the right with grip and lateral pinch and on the left with grip and lateral pinch. Although the injured worker was noted to have objective functional improvements, the request exceeds the allotted amount suggested by the guidelines; therefore, the request is not supported by the guidelines. As such, the request for hand therapy x8 sessions is not medically necessary.