

Case Number:	CM14-0022812		
Date Assigned:	06/11/2014	Date of Injury:	05/11/2010
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a 61 year old female with an injury date on 05/11/2010. Based on the 01/20/2014 progress report provided by [REDACTED] patient presents with chronic bilateral upper extremity pain that swelling at the end of the day. An EMG of the bilateral upper extremity was conducted on 06/14/2013 showed mild bilateral CTS with chronic denervation changes in some of the muscles. According to 01/20/2014 report, "patient is status post bilateral carpal tunnel surgery a few years ago. This was helpful to her but patient did have some gradual worsening. Patient did have surgical consultation with [REDACTED] on 11/22/2013 and according to the patient carpal tunnel revision surgery was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO BOTH HANDS QTY. 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

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

Decision rationale: Based on the 01/20/2014 report, this patient presents with chronic bilateral upper extremity pain. Patient continues to tolerate full duty work but complains of swelling at the end of a work day. Review of the reports from 8/29/2013, 09/06/2013, 09/30/2013, 10/28/2013, 11/25/2013, and 01/20/2014 does not show any discussion regarding prior or recent therapy treatments or how the patient did with therapy in the past. The patient's prior CTR was from few years ago and post-op therapy guidelines do not apply. For myalgia, myositis and neuritis type of problems, MTUS recommends 9-10 sessions of therapy. Review of the reports show no recent therapy treatments and the requested 6 sessions appear reasonable and medically necessary.