

Case Number:	CM14-0023758		
Date Assigned:	06/20/2014	Date of Injury:	04/20/2013
Decision Date:	07/31/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 42-year-old with a date of injury on April 20, 2013. Patient is status post-concussion syndrome and status post laceration to the right wrist. Diagnosis is of carpal tunnel syndrome. Subjective complaints are of pain in the dorsal right wrist with associated weakness and numbness. Physical exam shows limited right wrist range of motion, and increased sensation to touch. MRI of the right wrist and hand on October 10, 2013 was unremarkable. Patient has had twelve sessions of physical therapy for the wrist. Patient has also had previous chiropractic care since September 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for eight physical therapy visits to continue to the right hand and wrist, consisting of paraffin bath, pulsed ultrasounds and active motion exercises, provided between November 19, 2013 and January 16, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST. PHYSICAL THERAPY.

Decision rationale: The Postsurgical Treatment Guidelines and the ODG recommend one to three sessions of physical therapy for medical treatment of carpal tunnel syndrome. For wrist strain and sprain, the ODG recommends nine visits over eight weeks. For this patient, there has been at least twelve prior sessions of physical therapy without objective evidence of functional improvement. Therefore, the retrospective request for eight physical therapy visits to continue to the right hand and wrist, consisting of paraffin bath, pulsed ultrasounds and active motion exercises, provided between November 19, 2013 and January 16, 2014, is not medically necessary or appropriate.

Retrospective request for four chiropractic evaluation and treatments to the right wrist and hand for supervised therapeutic exercises, provided between November 19, 2013 and January 16, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 57-58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program. The Chronic Pain Medical Treatment Guidelines specifically states that chiropractic care is not indicated for disorders of the hand or wrist. Therefore, the retrospective request for four chiropractic evaluation and treatments to the right wrist and hand for supervised therapeutic exercises, provided between November 19, 2013 and January 16, 2014 is not medically necessary or appropriate.