

Case Number:	CM14-0023831		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2012
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 63 year old female with a date of injury of 2/3/2012. Medical records indicate that the patient is undergoing treatment for trigger finger, right greater than left carpal tunnel syndrome per EMG/NCV study on 7/8/2012; right elbow JAMAR grip dynamometer readings of 02/04/02 kg on the right and 04/02/02 kg on the left. Subjective complaints include pain in bilateral hands and wrists with numbness and tingling in the wrist and fingers, worse on the right. Right wrist pain 8/10 and left wrist 3/10. Reports increased pain and numbness in right little finger and ulnar half of hand for last 4-5 weeks. Objective findings include bilateral wrists exams revealed tenderness in the EDC, FCR, FDS and CMC thumb joint and in the left FCR and CMC joint of thumb. Positive Tinel's is noted in the left medial nerve and positive Phalen's is noted on the right greater than the left. Full range of motion of bilateral wrist and fingers. Sensory examination of bilateral extremities is decreased with numbness and tingling in all digits. Treatment has consisted of Advil p.r.n., Norco, PT and home exercise. The utilization review determination was rendered on 2/6/2014 recommending non-certification of: Physical Therapy 2 times a week for 4 weeks to the bilateral wrists # 8, modified 5 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks to the bilateral wrists # 8, modified 5 sessions non-approved: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Carpel Tunnel Syndrome; Official Disability Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Occupational Therapy and Physical Medicine, page(s) 74, 98-99.

Decision rationale: MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The patient has attended six physical therapy sessions and there is no documentation of functional gain from these physical therapy visits. The treating physician has not requested a physical therapy modality that could not be accomplished by a home exercise program. As such, the request for Physical Therapy 2 times a week for 4 weeks to the bilateral wrists # 8, modified 5 sessions is not medically necessary.