

Case Number:	CM14-0029177		
Date Assigned:	06/16/2014	Date of Injury:	11/10/2011
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 Licensed in Chiropractic, 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 44 year old female with a date of injury of 11/10/2011. Mechanism of injury was repeated bending of wrists from lining up boxes from conveyor belt. As per 1/16/2014 progress report (██████████), the patient complained of numbness to the right wrist and hand with left side slight worse and MRI showed probable incomplete carpal tunnel release. Surgical history include carpal tunnel release surgery on 7/12/2012. Examination revealed positive Tinel's; positive bilateral Phalen's test; +4/5 intrinsic hand weakness bilaterally; and right severe carpal tunnel syndrome distal motor latency on EMG/NCS. Diagnoses were bilateral carpal tunnel syndrome post surgery on left; left chronic flexor tendinitis; and rule out osteoarthritis. Treatment include request for physical therapy, medications, polysomnogram, GI follow up, and psyche follow up. Of note, the request was initially denied on 2/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) FOR BILATERAL WRISTS TWO TIMES PER WEEK FOR EIGHT WEEKS: 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 Page(s): 98-99.

Decision rationale: Regarding additional physical therapy visits for the lumbar spine, the California Chronic Pain Medical Treatment Guidelines recommend, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." A review of submitted documents did not reveal further documented functional improvement from physical therapy treatments. In addition, there was no evidence of a planned or failed home exercise program. Thus, continuing with additional physical therapy visits is not warranted. The request for additional physical therapy visits is recommended not medically necessary.