

Case Number:	CM14-0045498		
Date Assigned:	06/27/2014	Date of Injury:	09/16/2013
Decision Date:	08/13/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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, 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 25 year old with an injury date on 9/16/13. Patient complains of chronic right wrist pain with carpal tunnel syndrome. Patient has complaints of paresthesias in both hands, and numbness in the index/middle fingers of both hands and occasionally the thumb per 11/22/13 report. On some days, patient has sharp shooting pain, and has pain in the wrist when she grabs any objects per 11/22/13 report. Based on the 11/22/13 progress report provided by [REDACTED] the diagnoses are: 1. carpal tunnel syndrome bilateral 2. history of Raynaud's disease and rheumatoid arthritis Most recent physical exam on emergency room visit on 12/18/13 showed "decreased range of motion of extremities, no calf tenderness, no pedal edema, tender right wrist, no swelling and no bony tenderness. Limited range of motion of right wrist with moderate tenderness." On prior exam on 11/22/13, patient had "full range of motion for right wrist. Positive medial nerve compression test. Positive Tinel's. Phalen's test positive in 30 seconds. Mild decreased sensation over tip of the index/middle fingers." [REDACTED] is requesting physical therapy 2 x wk x 6 wks bilateral wrists. The utilization review determination being challenged is dated 3/10/14 and rejects request due to a lack of an exceptional factor to validate need for further therapy beyond 11 visits. [REDACTED] is the requesting provider, and he provided treatment reports from 9/23/13 to 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks bilateral wrists 97001,97110,97140,96535: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Sprains and strains of wrist and hand.

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

Decision rationale: The treater has asked for physical therapy 2 x wk x 6 wks bilateral wrists but the date of the request is not known. There are no reports of recent surgeries. Review of the physical therapy notes reveals patient attended 7 sessions for the bilateral hands from 12/16/13 to 12/30/13 but effect of therapy was not included in documentation. Patient has an emergency room visit from 12/30/13, from a flare-up of right wrist pain. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Although patient has received prior physical therapy, patient has a recent flare-up of right wrist pain, and a short course of therapy may be reasonable but the requested 12 additional physical therapy sessions exceed what is allowed by MTUS. The request is not medically necessary.