

Case Number:	CM14-0045754		
Date Assigned:	07/02/2014	Date of Injury:	07/31/2012
Decision Date:	08/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Pain Management 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 46 year old with an injury date on 7/31/12. Patient complains of bilateral wrist pain and right hand pain that is electric-like with numbness, burning, abnormal swelling, and changes in skin temperature per 3/27/14 report. Patient's right wrist sometimes radiates into her right forearm per 3/27/14 report. Based on the 3/27/14 progress report provided by [REDACTED] the diagnoses are: 1. Carpal tunnel syndrome 2. Hand pain Exam on 3/27/14 showed patient has no limitation in palmerflexion, dorsiflexion, ulnar deviation, pronation, or supination. Phalen's sign negative. Tinel's sign negative. Tenderness to palpation noted over bilateral dorsal wrists. No allodynia noted. [REDACTED] is requesting physical therapy two times a week for 6 weeks, and 12 occupational therapy visits for bilateral hand/wrist. The utilization review determination being challenged is dated 4/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/2/13 to 3/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks 2x6 and 12 occupational therapy visits for bilateral hand/wrist: Upheld

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

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

Decision rationale: This patient presents with bilateral wrist and right hand pain and is status post right carpal tunnel release from 1/15/13, and left carpal tunnel release from 8/22/13. The treater has asked physical therapy two times a week for 6 weeks and 12 occupational therapy visits for bilateral hand/wrist on 3/27/14. Review of the reports do not show any evidence of occupational therapy being done in the recent past and 12 physical therapy sessions with last one ending 11/28/13. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient is more than 7 months post left carpal tunnel release surgery and appears to have median neuropathy. Patient already received 12 sessions of physical therapy for carpal tunnel release which is 4 more than MTUS recommends for that type of surgery. Therefore, the request for Physical therapy two times a week for six weeks and 12 occupational therapy visits for bilateral hand/wrist is not medically necessary and appropriate.