

Case Number:	CM14-0056386		
Date Assigned:	07/09/2014	Date of Injury:	04/17/2009
Decision Date:	10/02/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 4/17/09. The diagnoses include bilateral carpal tunnel syndrome; cervical herniated nucleus pulposus; left epicondylitis, status post rotator cuff repair. Under consideration is a request for Physical Therapy Two (2) times a week for Six (6) weeks for bilateral carpal tunnel. The documentation notes that the patient on 8/13/09 had a left carpal tunnel release with flexor tenosynovectomy. Per documentation a doctor saw the patient on 1/25/10 stated that the patient had not had a successful left carpal tunnel surgery and she was not inclined to proceed with a right carpal tunnel surgery at this time. There is a primary treating physician report dated 3/11/14 that state that the patient has shoulder pain, neck spasm and increased stomach pain. On exam there is a positive Hawkins's sign; positive Neer's sign; positive Spurling sign with rhomboid and trapezius spasm. There is a request for PT 2 x 6 and a GI consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two (2) times a week for Six (6) weeks for bilateral carpal tunnel:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches; physical medicine Page(s): 6, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel -Physical Medicine treatment

Decision rationale: Physical Therapy Two (2) times a week for Six (6) weeks for bilateral carpal tunnel is not medically necessary per the MTUS and the ODG guidelines. The ODG recommends 1-3 visits over 3-5 weeks for carpal tunnel syndrome. The MTUS Chronic Pain Medical Treatment Guidelines state that thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. The documentation does not indicate exam findings suggestive of carpal tunnel syndrome. The request exceeds the recommended guidelines for carpal tunnel syndrome therapy. The request for physical therapy two (2) times a week for Six (6) weeks for bilateral carpal tunnel is not medically necessary.