

Case Number:	CM14-0066961		
Date Assigned:	07/11/2014	Date of Injury:	12/21/2009
Decision Date:	08/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 51-year-old female born on 04/18/1963. She has a reported date of injury on 12/21/2009, but no documentation of the biomechanics of injury were provided for this review. She was seen in medical follow-up on 09/19/2013 with ongoing complaints of neck pain radiating to the upper extremities as well as right wrist pain with numbness and tingling in the hands and decreased grip strength. The physical examination revealed spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine with loss of range of motion, decreased sensation noted bilaterally in the C5 dermatomes, bilateral wrist positive Phalen and reverse Phalen, decreased grip strength, distal radial tenderness, and decreased 2 point discrimination noted over the right hand. The patient had been declared permanent and stationary. The diagnoses were reported as shoulder region disorders not elsewhere classified (726.2), rotator cuff sprain/strain (840.4), cervical sprain/strain (847.0), sprains and strains of elbow and forearm not otherwise specified (841.9), and wrist sprain/strain not otherwise classified (842.00). The surgeon was in receipt of authorization for right carpal tunnel release for which the patient would be scheduled, and there was a request for authorization of 12 sessions of physiotherapy to be provided for the right hand following carpal tunnel release. On 01/16/2014, the patient returned for medical follow-up status post right carpal tunnel release. She continued with complaints of residual pain with weakness. The examination revealed decreased range of motion and decreased grip strength over the right wrist, and well-healed incision over the operative site. She reported difficulty with daily activities along with difficulty with gripping, grasping, lifting, pushing, and pulling. The diagnoses were reported as carpal tunnel syndrome (354.0), brachial neuritis or radiculitis not otherwise specified (723.4), enthesopathy of wrist (726.4), shoulder region disorders not elsewhere classified (726.2), pain in limb (729.5), and rotator cuff sprain/strain (840.4). The provider noted she had been provided with 6 sessions of

postoperative physical therapy (PT), and he requested an additional 12 sessions of PT for the right wrist. The patient has reportedly treated with 24 postoperative PT sessions. A 03/25/2014 progress note indicates authorization was sought for 12 sessions of chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy 3 sessions 4 times a week; 12 sessions for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60..

Decision rationale: The request for physiotherapy treatment (manual therapy and manipulation) sessions at a frequency of 3 times per week for 4 weeks to the right wrist is not supported to be medically necessary. The MTUS does not support treatment of wrist complaints with manual therapy and manipulation. The MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports manual therapy and manipulation in the care of some chronic pain complaints if caused by musculoskeletal conditions, but not in the care of wrist complaints. The MTUS reports in the care of forearm, wrist, and hand complaints manual therapy and manipulation are not recommended. The MTUS reports in the care of carpal tunnel syndrome manual therapy and manipulation are not recommended. Therefore, the requested physiotherapy treatments (manual therapy and manipulation) are not supported by the MTUS (Chronic Pain Medical Treatment Guidelines).