

Case Number:	CM14-0078686		
Date Assigned:	07/18/2014	Date of Injury:	03/01/2004
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/29/2014

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, 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 41 year old female who sustained a cumulative trauma on 03/01/2004. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the left hand dated 04/17/2014 that revealed a normal study. MRI of the right hand performed on the same date also revealed a normal study. MRI of the right wrist dated 03/17/2014 revealed a normal study. MRI of the left wrist performed on the same date revealed intermediate signal in the triangular fibrocartilage, which could be due to degenerative changes. Probable tendinosis of the first extensor compartment; otherwise a normal study. EMG/NCV dated 03/31/2014 of bilateral upper extremities demonstrated mild to moderate bilateral carpal tunnel syndrome, affecting sensory and motor components. Progress report dated 04/21/2014 documented the patient to have complaints of bilateral wrist and hand pain with numbness and tingling. She complained of increased severity following treatment. On exam, she has decreased bilateral range of motion (ROM) with tenderness to palpation and spasm. She is diagnosed with carpal tunnel syndrome. The patient has been recommended for physical therapy to the bilateral wrists 2 x 4. Prior utilization review by Dr. [REDACTED] dated 05/07/2014 states physical therapy x 8 sessions to the bilateral wrists was requested, but only 6 sessions were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 sessions bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Physical therapy.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines state that patients should be formally assessed after a six visit clinical trial prior to continuing with physical therapy, the medical necessity of 8 visits have not been established.