

Case Number:	CM14-0124369		
Date Assigned:	08/11/2014	Date of Injury:	09/13/2013
Decision Date:	04/15/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male injured worker suffered an industrial injury on 9/13/2013. The diagnoses were bilateral carpal tunnel syndrome, low back pain, lumbar disc displacement, depression, left ulnar entrapment, and intractable pain. The treatments were physical therapy, chiropractic therapy facet blocks, and medications. The treating provider reported the pain 8/10 in the lumbar spine and was tender with impaired gait. The requested treatments were 6 sessions of physical therapy right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right wrist- 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.(3) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for diagnoses including bilateral carpal tunnel syndrome. Treatments have included physical therapy. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore the requested therapy was not medically necessary.