

Case Number:	CM14-0138385		
Date Assigned:	09/03/2014	Date of Injury:	05/24/2011
Decision Date:	01/14/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/23/2014

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 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 underlying date of injury in this case is 05/24/2011. The date of the utilization review under appeal is 08/13/2014. This patient has a history of injury on 05/14/2011 with a diagnosis of status post bilateral carpal tunnel release. On 07/18/2014, a doctor's first report discusses the patient's injury while doing keyboarding and answering phones and writing and filing with development of chronic pain in both hands for which she was treated with bilateral carpal tunnel releases through October 2013. Subsequently the patient underwent physical therapy, during which she did not have a trial of a TENS unit. The patient reported ongoing pain in both hands, worse in the left hand. The treating physician diagnosed the patient with bilateral hand pain, status post carpal tunnel releases. The treating physician requested the patient return to physical therapy for a trial of a TENS and to do some scar mobilization over the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X3 Bilateral Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15.

Decision rationale: The Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines section on carpal tunnel syndrome, page 15 discusses in detail physical and occupational therapy recommendations for carpal tunnel syndrome. This guidelines states that there is limited evidence documenting the effectiveness of physical therapy and recommends up to 5 visits over 4 weeks after surgery, with benefits to be documented after the first week. The guideline specifically does not recommend prolonged therapy visits. If it is felt that a TENS unit would be indicated in this case, a request for a TENS unit with brief instruction in the use of that unit may be appropriate as a separate request. However, the current request for extensive physical therapy is specifically not recommended in the treatment guidelines. Overall this request is not medically necessary.