

Case Number:	CM14-0187804		
Date Assigned:	11/18/2014	Date of Injury:	03/06/2006
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/11/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 61-year-old female who reported an injury on 03/06/2006. The mechanism of injury was not clearly provided. The injured worker's diagnoses included carpal tunnel syndrome, shoulder joint pain, and forearm joint pain. The injured worker's past treatments included physical therapy, acupuncture, and medications. The injured worker's diagnostic testing included an EMG, which was noted to reveal mild to moderate carpal tunnel syndrome. There were no relevant surgeries included in the documentation. On 01/15/2014, the patient was seen for a followup of her right hand. The patient reported that her condition has not improved. Upon physical examination of the right upper extremity, she was noted with tenderness to her right hand. The injured worker's medications included Advil. The request was for physical therapy 3 times a week for 3 weeks to the right hand. The rationale for the request was to increase function. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 3 weeks to the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Physical medicine treatment.

Decision rationale: The request for Physical Therapy 3 times a week for 3 weeks to the right hand is not medically necessary. According to the California MTUS/ACOEM Guidelines, patients with wrist complaints should obtain instruction in home exercise. Except in cases where there are stable fractures or dislocations, patients should be advised to do early range of motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. More specifically, according to the Official Disability Guidelines, there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify 1 presurgical visit for education in a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Allow for fading of treatment frequency, plus active self-directed home physical therapy. The guidelines recommend medical treatment for carpal tunnel syndrome up to 3 visits over up to 5 weeks. The patient reported that her condition is unchanged. The documentation indicates that the patient has completed some physical therapy however the number of sessions was not specified. The documentation did not provide sufficient evidence of significant objective functional improvement or an objective decrease in pain as a result of the completed physical therapy. In the absence of documentation with sufficient evidence of significant objective functional improvement, a significant objective decrease in pain, and number of completed physical therapy visits, the request is not supported. Additionally, the guidelines do not support prolonged therapy visits for patients with carpal tunnel syndrome. As such, the request is not medically necessary.