

Case Number:	CM14-0201817		
Date Assigned:	12/12/2014	Date of Injury:	09/19/2006
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a male worker with a date of injury of September 19, 2006. The mechanism of injury is unknown. Diagnoses include carpal tunnel syndrome and cervical spinal stenosis. In 2006 he underwent bilateral carpal tunnel releases and a right thumb trigger finger release was performed in 2007. On October 24, 2014, the injured worker complained of gradual worsening of pain in his bilateral hands secondary to the colder weather. He reported that his medications help with pain and function. He stated that physical therapy in the past was helpful to prevent the worsening of pain during colder weather. A request was made for 12 visits of physical therapy for the bilateral hands. On November 20, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits, bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 visits to the bilateral hands is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patients moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The guideline recommendations for frequency and duration of physical therapy are enumerated in the Official Disability Guidelines. In this case, the injured worker's diagnoses are carpal tunnel syndrome; and cervical spine stenosis. The injured worker had carpal tunnel release surgery (the first surgery) in 2006. There were recurrent symptoms and the injured worker underwent repeat surgery. Right carpal tunnel syndrome surgery was performed on April 16, 2014 and physical therapy was started (date??). There is a single physical therapy note dated May 13, 2014 in the medical record. The documentation is unclear as to how many physical therapy sessions the injured worker received for the right hand. On May 19 of 2014, the documentation indicates the injured worker had the left carpal tunnel surgery repeated. In a progress note dated July 20, 2014, the physician indicates nine out of nine physical therapy sessions were completed. The latest progress note dated October 24, 2015 states the injured worker is "permanent and stationary"- permanent disability. The October 24, 2015 subjective complaints indicate the injured worker has some gradual worsening of pain secondary to the colder weather. Physical therapy in the past was helpful. The injured worker has had to carpal tunnel surgeries on each wrist. The worker had physical therapy following surgery for carpal tunnel surgery. Overall, the injured worker has had multiple physical therapy sessions involving both wrists. He should be well-versed in exercises performed during physical therapy and can engage in these exercises in a home exercise program. Additional physical therapy for gradual worsening of pain secondary to colder weather is not clinically indicated. Consequently, absent the appropriate clinical indication, clinical rationale, documentation of objective functional improvement, additional physical therapy 12 visits to the bilateral hands is not medically necessary.