

Case Number:	CM14-0207265		
Date Assigned:	12/19/2014	Date of Injury:	07/08/2010
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 with an injury date of 07/08/10. Based on the 11/11/14 progress report provided by treating physician, the patient complains of bilateral wrist pain of a sharp quality (unrated) and associated numbness/tingling. Patient is status post left endoscopic carpal tunnel release, forearm fasciectomy, and De Quervain's release on 01/13/11, status post right endoscopic carpal tunnel release on 09/26/13. Physical examination dated 11/11/14 revealed tenderness to palpation bilaterally, positive Adson's, Tinel's and Phalen's tests bilaterally. Range of motion was decreased and painful bilaterally and muscle tightness is noted. The patient is currently prescribed Flexeril, Motrin, and Lidocaine patches. Diagnostic imaging was not included with the provided documentation. Per PT/OT reports provided the patient has undergone 18 sessions of physical therapy concluding on 01/31/14. Patient is not currently working. Diagnosis 11/11/14, 09/16/14 - Bilateral carpal tunnel syndrome - Thoracic outlet syndrome The utilization review determination being challenged is dated 11/24/14 The rationale is "This individual completed postoperative PT in 1/2014 exceeding recommended sessions of postoperative PT. The only documentation in recent notes that would indicate reason for additional PT is pain in wrists which has been characterized as chronic. Treatment reports were provided from 05/07/14 to 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the bilateral wrists (2x6): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MTUS pages 98, 99 has the following: Physical Medicine.

Decision rationale: The patient presents with bilateral wrist pain of a sharp quality (unrated) and associated numbness/tingling. The request is for additional Physical Therapy for the bilateral wrists (2X6). Physical examination dated 11/11/14 revealed tenderness to palpation bilaterally, positive Adson's, Tinel's and Phalen's tests bilaterally. Range of motion was decreased and painful bilaterally and muscle tightness is noted. Patient is status post left endoscopic carpal tunnel release, forearm fasciectomy, and De Quervain's release on 01/13/11, status post right endoscopic carpal tunnel release on 09/26/13. The patient is currently prescribed Flexeril, Motrin, and Lidocaine patches. Diagnostic imaging was not included. Per PT/OT reports provided the patient has undergone 18 sessions of physical therapy concluding on 01/31/14. Patient is not currently working. MTUS pages 98 and 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress reports provided, the patient suffers from intractable chronic pain and numbness stemming from bilateral carpal tunnel syndrome. The patient completed 18 sessions of physical therapy post-operatively with minimal documented improvement. There is no discussion of flare-up's or new injury to warrant additional therapy. Furthermore, the prescribed number of sessions (12) exceeds MTUS guidelines. Therefore, this request is not medically necessary.