

Case Number:	CM14-0209839		
Date Assigned:	12/22/2014	Date of Injury:	03/01/2013
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice, and is licensed to practice in New Jersey & New York. 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 47 year-old female who was injured on 1/22/2000 due to repetitive work. She complained of wrist and hand pain. On exam, she had tender wrists with positive palmar compression test. She has a weak grip, full range of motion but painful. As per the patient, she had negative electrodiagnostic testing of her upper extremities. She was diagnosed with bilateral carpal tunnel syndrome, right greater than left and cervical discopathy. She uses braces and had eight physical therapy sessions and eight acupuncture sessions with persistent pain. Her medications included Naproxen and Omeprazole. The current request is for an additional 12 sessions of physical therapy for bilateral wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions for bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- carpal tunnel release syndrome

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS, physical medicine treatment.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed 8 sessions of physical therapy and should be proficient at continuing a home exercise program. She continued with pain even after physical therapy and acupuncture. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. According to ODG, 8 visits is the maximum number of visits recommended for the treatment of carpal tunnel syndrome which the patient has already had. Therefore, the request is considered not medically necessary.