

Case Number:	CM14-0210946		
Date Assigned:	12/23/2014	Date of Injury:	08/15/2006
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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 North Carolina. 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 66-year-old with a reported injury date of . The patient has the diagnoses of carpal tunnel syndrome, cervical spinal stenosis and generalized osteoarthritis of the hands. The patient had declined surgical intervention of r the cervical stenosis. Per the notes from the requesting physician dated 06/26/2014, the patient had continued symptoms of numbness and tingling in both hands with the left hand being the worst. The physical exam noted decreased grip strength on the right but otherwise no other abnormalities. Previous nerve conduction studies had shown mild carpal tunnel syndrome. The treatment plan recommendations included physical therapy for carpal tunnel syndrome and flexor and extensor forearm myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy twice a week for five weeks for the bilateral hands and wrists:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (updated 11/11/14)

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

Decision rationale: Physical/occupational therapy is a recommended treatment option for chronic ongoing pain per the California MTUS. The request however is in excess of the recommended amount of physical therapy sessions per the California MTUS. Also the patient has already completed an unspecified amount of physical therapy. There is no explanation why the patient could not carry over the benefits of that physical therapy to a home exercise program, as the goal of physical therapy is a transition to home program. Therefore the request is not medically necessary.