

Case Number:	CM14-0068428		
Date Assigned:	07/14/2014	Date of Injury:	01/02/2014
Decision Date:	08/20/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 54 year old female with an industrial injury dated 01/02/2014. Her diagnoses included bilateral carpal tunnel syndrome, right trapezius muscle spasms and bilateral forearm strain. Prior treatment included medications. According to the encounter note on 01/08/2014 she presented with complaints of bilateral hand pain. She described the symptoms as severe and exacerbated by movement, pressure and touching the injury location. Physical examination revealed normal range of motion of the wrist. Tinel's sign of median nerve compression was positive. There was triggering of the flexor tendons and positive pain with turn-key. Work status - return to work with restrictions to include limited use of right and left hand. Treatment plan included medications, bilateral wrists braces and physical therapy. Treatment request is for 12 additional outpatient physical therapy visits for the left hand/wrist/forearm two (2) times a week for six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Out Patient Physical Therapy visits for the Left Hand/Wrist/Forearm two (2) times a week for six (6) weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel treatment-Physical medicine treatment.

Decision rationale: 12 Additional Out-Patient Physical Therapy visits for the Left Hand/Wrist/Forearm, two (2) times a week for six (6) weeks is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends transitioning from a supervised therapy program to a self-directed home exercise program. The MTUS recommends 9-10 visits for myalgia/myositis and 8-10 visits for neuralgia, neuritis or radiculitis. The ODG states that the medical treatment for carpal tunnel syndrome is 1-3 visits over 3-5 weeks. The documentation is not clear on how much prior therapy the patient has had for this issue and the outcome. Furthermore, the request for 12 visits exceeds guideline recommendations for this condition and the documentation does not indicate extenuating circumstances which would necessitate 12 outpatient therapy visits. The request is not medically necessary.