

Case Number:	CM14-0081909		
Date Assigned:	07/18/2014	Date of Injury:	07/31/2012
Decision Date:	01/27/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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, 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 45 year old female who sustained a cumulative work related injury to the bilateral hands and wrists as a typist. The current diagnosis is carpal tunnel syndrome. Surgical interventions consisted of right carpal tunnel release in January 2013 and a left carpal tunnel release in August 2013. The patient has also received steroid injections and acupuncture with mild relief. Current medications consist of Diclofenac 10% cream, Gabapentin, and Aleve. According to the progress reports from April 23, 2014 the injured worker experiences bilateral wrist and right hand pain which at times radiates to the right forearm. The injured worker also notes numbness, tingling and weakness in both hands. On examination there was noted tenderness of the dorsal wrists bilaterally with negative Tinsel's and Phalen's signs. Motor strength of grip was 5/5 bilaterally. No limitation was noted in palmarflexion, dorsiflexion, radial and ulnar deviation, pronation and supination. According to the orthopedic report on January 13, 2014, a nerve conduction study of the right upper extremity demonstrated no significant median neuropathy or abnormality. The injured worker continues to work on modified duty according to the physician's progress report of April 23, 2014. The treating physician has requested physical therapy/ occupational therapy times 12 sessions for the bilateral wrists/hands. On May 5, 2014 the Utilization Review modified the request for physical therapy/occupational therapy to 4 sessions for the bilateral wrists/hands. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Post Surgical Treatment Guidelines, carpal tunnel syndrome and Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, Physical Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Occupational Therapy x 12 sessions - bilateral wrists / hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Physical Therapy (PT)

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states that when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation of status post right carpal tunnel release on 01/15/13 and left carpal tunnel release on 8/22/13 and 12 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines, functional deficits, and functional goals. However, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, given documentation of an 8/22/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy, Occupational Therapy x 12 sessions - bilateral wrists / hands is not medically necessary.