

Case Number:	CM15-0002178		
Date Assigned:	01/13/2015	Date of Injury:	07/26/2012
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an 80 year old female, who sustained an industrial injury on 07/26/2012. The diagnoses have included carpal tunnel syndrome and bilateral carpal tunnel. Treatment to date has included injections and pain medication. Currently, the IW complains of persistent pain in both hands post bilateral carpal tunnel release. Treatment plan included Physical Therapy. On 12/30/2014 Utilization Review non-certified Physical Therapy 3x2, noting as not medically necessary. The MTUS Guidelines were cited. On 01/15/2015 the injured worker submitted an application for IMR for review of Physical Therapy 3x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 2 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The injured worker has been diagnosed with carpal tunnel syndrome despite previous carpal tunnel release. She continues to report persistent pain in both hands. Follow-up electrodiagnostic testing reported median nerve impairment on the right side. Records indicate that physical therapy was planned with emphasis on massage. According to MTUS guidelines, treatment of carpal tunnel syndrome should include instruction for home exercise program, nighttime splints and at home application of heat and cold packs; passive modalities such as massage, diathermy and TENS units have not been scientifically proven efficacious and is therefore not recommended. Records do not indicate a physical therapy 3x2 is for the purposes of teaching a home exercise program and is therefore not medically necessary.