MAXIMUS Federal Services

Case Number:	CM15-0104333		
Date Assigned:	06/08/2015	Date of Injury:	04/28/2010
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male injured worker suffered an industrial injury on 04/28/2010. The diagnoses included bilateral carpal tunnel syndrome. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with physical therapy. On 5/6/2015 the treating provider reported complaints of severe numbness and tingling of both hands that had progressed. The injured worker had physical therapy for myofascial syndrome with no improvement and worsening symptoms. The treatment plan included Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. (3) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: The claimant sustained a work injury in April 2000 and continues to be treated for symptoms of bilateral carpal tunnel syndrome. He had therapy in 2014 without improvement. When seen, his prior test results were reviewed. These had shown mild right carpal tunnel syndrome with an absence of findings on the left size. Additional therapy was requested. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend up to 3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. Therefore the requested therapy was not medically necessary.