

Case Number:	CM15-0131455		
Date Assigned:	07/17/2015	Date of Injury:	09/11/2009
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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, 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 injured worker is a 46 year old female, who sustained an industrial injury on 9/11/09. She reported neck pain, and bilateral forearm, wrist, and hand pain. The injured worker was diagnosed as having mild carpal tunnel syndrome of both wrists, rule out diffuse peripheral neuropathy, and rule out referred pain from the cervical spine. Treatment to date has included anterior cervical discectomy and partial corpectomy, TENS, and medication. Physical examination findings on 5/27/15 included normal range of motion of bilateral wrists and 4/5 motor strength. Diffuse loss of sensation about the volar aspect of the fingertips was noted bilaterally. Currently, the injured worker complains of bilateral wrist and hand pain. The treating physician requested authorization for physical therapy for both wrists x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for both wrists QTY: 12: Upheld

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

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS. Within the documentation available for review, while a short course of PT may be appropriate, the request exceeds the amount of PT recommended by the CA MTUS and ODG and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.