

Case Number:	CM15-0136492		
Date Assigned:	07/24/2015	Date of Injury:	07/16/2014
Decision Date:	08/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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 injured worker is a 42-year-old female with an industrial injury dated 07/16/2014. The injured worker's diagnosis includes left carpal tunnel syndrome. Treatment consisted of Electromyography (EMG) / Nerve conduction velocity (NCV), prescribed medications, physical therapy, home exercise therapy, acupuncture, splint, cortisone injection and periodic follow up visits. In a progress note dated 06/09/2015, the injured worker reported pain, numbness, tingling of left hand and difficulty with grip. Objective findings revealed positive Tinel's sign, positive Phalen's sign and decrease pinwheel of left digits. Treatment plan consisted of medication management and surgical consult. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for physical therapy, 12 visits for the left wrist, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 visits (frequency unspecified) for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute.

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

Decision rationale: The claimant sustained a work-related injury in July 2014 and continues to be treated for left carpal tunnel syndrome. Treatments have included medications, splinting, acupuncture, injection, and physical therapy. In April 2015, all these conservative treatments had failed. When seen, physical examination findings included positive Phalen and Tinel tests and decreased sensation. Additional physical therapy is being 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 and prior physical therapy was ineffective. The requested therapy was not medically necessary.