

Case Number:	CM15-0140115		
Date Assigned:	07/29/2015	Date of Injury:	12/10/2010
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46 year old female who reported an industrial injury on 12-10-2010. Her diagnoses, and or impression, were noted to include: right wrist cyst. No current imaging studies were noted. Her treatments were noted to include chiropractic therapy; medication management with toxicology screenings; and rest from work as well as modified work duties. The progress notes of 6-11-2015 were hand written and difficult to interpret, but reported a worsening neck and low back pain that was moderate-severe, and with no new accidents or injuries. Objective findings were noted to include tenderness, and decreased range-of-motion, in the upper trapezius, low cervical and lumbar muscles and right sacroiliac joint; and spasms. The physician's requests for treatments were noted to include continued physical therapy and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/Chiropractic two times four weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and physical medicine Page(s): 58 and 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Physical therapy/Chiropractic two times four weeks for the right wrist is not medically necessary per the MTUS Guidelines. The MTUS states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The MTUS supports transitioning to an independent home exercise program from supervised therapy. Furthermore the MTUS does not support manual medicine/chiropractic treatment for carpal tunnel syndrome which the patient was diagnosed with. The documentation does not indicate extenuating conditions that would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.