

Case Number:	CM15-0147377		
Date Assigned:	08/10/2015	Date of Injury:	12/10/2009
Decision Date:	09/11/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii
 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 a 59-year-old female who sustained an industrial injury on December 10, 2008 resulting in bilateral wrist pain, numbness, and tingling. She was diagnosed with bilateral carpal tunnel syndrome. Documented treatment has included carpal tunnel surgery on both wrists and physical therapy. The injured worker continues to report numbness and tingling in the right hand as well as pain with movement. The treating physician's plan of care includes 9 sessions of physical therapy and an unspecified amount of occupational therapy visits. She is on modified duty.

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 3 weeks (3 x 3): Upheld

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

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

Decision rationale: The patient presents with diagnoses that include bilateral carpal tunnel syndrome. The patient has completed carpal tunnel surgery on her left wrist 2014 and right wrist, March of 2015. The patient is working modified duty however the patient continues to report numbness and tingling in the right hand as well as pain with movement. On examination, there is diminished sensation along the dorsal forearm. The current request is for Physical therapy 3 times a week for 3 weeks. The treating physician reports are mostly illegible and on 7/8/15 (30B) the physician appears to have made the above referenced request. MTUS Guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the clinical history provided did not specifically address whether the patient has or has not completed any recent physical therapy, therefore the number of completed PT visits is unknown. There is no documentation of functional improvement from prior therapy, and there is no explanation as to why a home exercise program cannot be utilized. The current request is not medically necessary.

Occupational therapy (amount and frequency/duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with diagnoses that include bilateral carpal tunnel syndrome. The patient has completed carpal tunnel surgery on her left wrist 2014 and right wrist, March of 2015. The patient is working modified duty however the patient continues to report numbness and tingling in the right hand as well as pain with movement. On examination, there is diminished sensation along the dorsal forearm. The current request is for Occupational therapy (amount and frequency/duration not specified). While the IMR did not define the amount and frequency of OT the clinical history notes dated 7/8/15 (28B) note that the physician had requested 3x3. MTUS guidelines state that for occupational therapy see physical medicine guidelines. MTUS supports occupational therapy 8-10 visits for myalgia and neuritis. In this case, the clinical history includes a historical request for 12 OT treatment sessions but there is no mention as to if or when said sessions were or were not completed. There is no documentation of functional improvement from prior therapy and there is no explanation as to why a home exercise program cannot be utilized. The current request is not medically necessary.