

Case Number:	CM15-0149569		
Date Assigned:	08/12/2015	Date of Injury:	04/01/2010
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/31/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 50 year old female who sustained an industrial injury on April 01, 2010. A recent primary treating office visit dated May 12, 2015 reported subjective complaint of bilateral knee, left wrist and hand, and left hand third finger is triggering. The current medication regimen allows maintenance of activities of daily living. She states taking Hydrocodone no greater than 2-3 tabs daily, 5mg, and Tramadol ER 300mg helps somatic pain. The following diagnoses were applied: bilateral knee chondromalacia with mild osteoarthopathy and a left hand third finger trigger finger. There is mention of worker obtaining medical clearance for possible left carpal tunnel release. There is continued recommendation for additional therapy visits treating the knees and she is to complete the current course. On April 16, 2015 at a follow up she had unchanged subjective complaint, treating diagnoses, and the plan of care noted with continued recommendation for additional physical therapy session along with a course of acupuncture treating the bilateral knees. Medications dispensed were: Tramadol ER 150mg, and Hydrocodone 10mg 325mg. On January 16, 2015 she underwent upper extremity electromyography study which noted the impression of a normal study of the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99. Decision based on Non-MTUS Citation MD Guidelines, Carpal Tunnel Syndrome.

Decision rationale: MTUS Post-surgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report "the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks." The medical documentation provided indicate this patient has had an unknown number of previous therapy sessions. The treating physician has not provided documentation of objective functional improvement from previous therapy to warrant additional sessions. The requested number of visits is in excess of the guideline recommendations. As such, the request for 12 Physical therapy visits for the left wrist/hand is not medically necessary.