

Case Number:	CM15-0162767		
Date Assigned:	08/31/2015	Date of Injury:	09/18/2013
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 9-18-13. She has reported initial complaints of pain in the wrists and hands due to repetitive work. The diagnoses have included bilateral hand and wrist sprain, bilateral carpal tunnel syndrome and insomnia. Treatment to date has included medications, activity modifications, diagnostics, right carpal tunnel surgery, pain management and other modalities. Currently, as per the physician progress note dated 5-26-15, the injured worker complains of bilateral wrist and hand pain. The diagnostic testing that was performed included nerve conduction velocity studies (NCV) - electromyography (EMG) of the bilateral upper extremities. The objective findings-physical exam reveals bilateral wrist tenderness to palpation. The progress note dated 4-21-15 reveals that there is numbness and tingling in both wrists and hands that radiates to the forearm and flexion and extension of the wrists is painful. There was no previous therapy sessions noted. The physician requested treatments included Transportation and Physical therapy for bilateral wrist 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California www.dhcs.ca.gov/services/medi-cal Criteria for Medical Transportation R-15-98E II.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Transportation (To & From Appointments) Section.

Decision rationale: The MTUS Guidelines do not address transportation to medical appointments. ODG chapters for pain, neck, and low back do not address transportation to medical appointments. The ODG Knee Chapter recommends transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The requesting physician does not explain why the injured worker is unable to provide transportation, either alone or by personal support system. The request for transportation is determined to not be medically necessary.

Physical therapy for bilateral wrist 2 times a week for 6 weeks: 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 Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker's carpal tunnel surgery was nearly 2 years ago. It has been a significant amount of time since the injured worker completed his post-surgical physical therapy and he is having new symptoms. Therefore physical therapy is appropriate in this case however the request for 12 sessions exceeds the recommendations of the established guidelines. The request for physical therapy for bilateral wrist 2 times a week for 6 weeks is determined to not be medically necessary.