

Case Number:	CM15-0168596		
Date Assigned:	09/09/2015	Date of Injury:	07/01/2014
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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 35-year-old female who sustained an industrial injury on July 1, 2014 resulting in bilateral wrist pain and numbness. Diagnosis is carpal tunnel syndrome supported by electromyogram and nerve conduction study performed over one year ago. Documented treatment includes at least 6 sessions of acupuncture to have been helpful in reducing pain, improving sleep and increasing strength and ability to perform activities of daily living; an unspecified carpal tunnel injection stated March 9, 2015 to have given the injured worker "an unpleasant experience;" pain medication; and, 8 physical therapy treatments with notes showing improvement in strength and reporting a decrease in pain levels. The injured worker continues to present with burning pain in both wrists and hands with some numbness in her fingers, with the right being worse. She reports dropping things, having difficulty with fine manipulation, and symptoms often are worse at night. The treating physician's plan of care includes 8 additional sessions of physical therapy for bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks (8 sessions) to the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment

Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, & Hand Chapter - Physical Therapy.

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 therapy.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for bilateral hand pain with a diagnosis of bilateral carpal tunnel syndrome. Treatments have included medications, bracing, and injection, acupuncture, and physical therapy. When seen, she was having bilateral burning pain and paresthesias and difficulty with fine manipulation and was dropping things. She was having occasional nocturnal symptoms. Physical examination findings included positive Tinel's and Phalen's testing with decreased right second finger sensation. Eight sessions of physical therapy was requested. There is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome. When managed medically, guidelines recommend up to 1-3 treatment sessions over 3-5 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.