

Case Number:	CM15-0185127		
Date Assigned:	09/25/2015	Date of Injury:	05/25/2015
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 42 year old female, who sustained an industrial injury on 5-25-2015. The injured worker is undergoing treatment for: bilateral carpal tunnel syndrome. On 5-28-2015, she reported pain and tingling of the bilateral wrists and hands. Physical findings revealed tenderness along the bilateral wrists, positive Phalen's and Tinel's. On 7-16-15, the injured worker underwent electro diagnostic studies. On 8-18-2015, she reported that she returned to full duty and her pain had not worsened. Physical findings revealed positive Phalen's, dorsiflexion positive for tingling at the wrist. The treatment and diagnostic testing to date has included: electro diagnostic studies (7-16-15) revealed "possible borderlines minimal carpal tunnel syndrome on the right, sensory only"; bilateral wrist brace; home exercises. Medications have included: Neurontin 300mg. Current work status: modified. The request for authorization is for: physical therapy 6 sessions for the bilateral wrists. The UR dated 8-31-2015: non-certified the request for physical therapy 6 sessions for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 Sessions for the Bilateral Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand, physical/occupational therapy.

Decision rationale: Per MTUS CPMTG, 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Per the medical records, the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. She is not post-surgical. As the requested 6 sessions is in excess of the guideline recommended 1-3 visits over 3-5 weeks, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.