

Case Number:	CM15-0188372		
Date Assigned:	09/30/2015	Date of Injury:	01/21/2011
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This injured worker is a 59 year old female who reported an industrial injury on 1-21-2011. Her diagnoses, and or impressions, were noted to include: osteoarthritis of hand joint; status-post thumb surgery; and bilateral carpal tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include: a panel qualified medical re-evaluation on 8-21-2015; hand therapy; electrodiagnostic studies (date unknown); medication management; and a return to work and noted not to be permanent and stationary. The progress report of 9-2-2015 noted no subjective complaints. The objective findings were noted to include: that he worked 4 hours per day; that the electrodiagnostic studies showed bilateral carpal tunnel syndrome; complaints of bilateral hand numbness and tingling, burning and nocturnal awakening; equivocal Tinel's and is tender at carpal tunnel; good range of motion in fingers; and "Lt CMC" looks good, base of thumbs well healed and non-tender. The physician's requests for treatment were noted to include that he needed therapy to reduce symptoms. The Request for Authorization for 12 sessions of additional physical therapy, 2 x a week for 6 weeks was not noted in the medical records provided. The Utilization Review of 9-18-2015 non-certified the request for 12 sessions of additional physical therapy, 2 x 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:

Additional Physical Therapy 2 x week for 6 weeks #12: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome (Acute and Chronic).

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 January 2011 and underwent first carpometacarpal arthroplasty in January 2015. As of 04/20/15, there had been 12 post-operative treatments. When seen, she was working 4 hours per day. She had been diagnosed with bilateral carpal tunnel syndrome. Night splints were provided and 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. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not medically necessary.