

Case Number:	CM15-0201162		
Date Assigned:	10/16/2015	Date of Injury:	04/21/2015
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old male with a date of injury on 04-21-2015. The injured worker is undergoing treatment for bilateral carpal strain-sprain and bilateral carpal tunnel syndrome. A physician progress note dated 05-13-2015 documents the injured worker has complaints of bilateral wrist pain, greater on the left. He rates the pain as 7 out of 10 in the Visual Analog Scale without medications and 4 out of 10 with medications. He occasionally feels numbness and tingling in both hands. He has loss of sleep due to symptoms. Palpation reveals tenderness in both wrists and both hands. There is a decrease in wrist range of motion, bilaterally, due to end range wrist pain. The Tinel's sign and Phalen's test are positive in both wrists. Treatment to date has included diagnostic studies, medications, wrist braces, and at least 6 physical therapy sessions. Electromyography done on 06-17-2015 was normal and Nerve Conduction Velocity done on 06-18-2015 was normal. Bilateral wrist x rays done on 04-21-2015 revealed no acute findings. A Magnetic Resonance Imaging of the left wrist done on 07-22-2015 revealed a 4mm dorsal ganglion cyst, minimal osteoarthritic changes of the first carpal-metacarpal joint. Magnetic Resonance Imaging of the right wrist done on 07-20-2015 was unremarkable. On 09-14-2015 Utilization Review non-certified the request for Extension physical therapy 8 visits for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension physical therapy 8 visits for bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome-Physical medicine treatment.

Decision rationale: Extension physical therapy 8 visits for bilateral wrists is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that there should be a fading of treatment frequency to an independent home exercise program. The ODG states that medical therapy treatment of this condition may benefit from 1-3 therapy visits over 3-5 weeks. The documentation indicates that the patient has already had 6 sessions of therapy for this condition. There are not extenuating factors, which necessitate another 8 visits of supervised therapy for this condition therefore this request is not medically necessary.