

Case Number:	CM15-0205575		
Date Assigned:	10/22/2015	Date of Injury:	02/08/2015
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 2-8-15. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included use of a wrist brace and medication including Ibuprofen. Physical examination findings on 9-15-15 included positive Tinel's, Phalen's, and Durkin's tests on the right side. Grip weakness was also noted. On 9-15-15 the treating physician noted an electromyogram and nerve conduction studies were positive for carpal tunnel syndrome. On 9-15-15, the injured worker complained of wrist pain rated as 5 of 10. The treating physician requested authorization for 8 additional physical therapy visits for the right hand and wrist. On 10-9-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional Physical visits for the right hand/wrist, 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines.

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) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, eight additional physical therapy sessions to the right hand and wrist two times per week times four weeks are not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is carpal tunnel syndrome right. Date of injury is February 8, 2015. Request for authorization is dated October 9, 2015. The documentation indicates the injured worker was authorized #4 physical therapy sessions. The guidelines recommend 1-3 visits over 3-5 weeks (medical treatment) for carpal tunnel syndrome. According to a progress note dated September 15, 2015, pain score is 5/10. The injured worker completed #4 physical therapy sessions. Phalen's and Tinel's were positive. Electrodiagnostic studies were positive for carpal tunnel syndrome. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (1-3 visits) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating for physical therapy sessions were completed and no compelling clinical facts indicating additional physical therapy is warranted, eight additional physical therapy sessions to the right hand and wrist two times per week times four weeks are not medically necessary.