

Case Number:	CM15-0207132		
Date Assigned:	10/23/2015	Date of Injury:	09/13/2011
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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, 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 49 year old male with a date of injury on 09-13-2011. The injured worker is undergoing treatment for bilateral wrist strain-sprain, bilateral wrist carpal tunnel syndrome per Electromyography and Nerve Conduction Velocity on 12-01-2014, and bilateral wrist chronic over use syndrome. A physician progress note dated 08-19-2015 documents the injured worker complains of pain and numbness in the bilateral wrists. His right wrist pain is rated 5 out of 10 on the Visual Analog Scale which has remained the same from his last visit and 5 out of 10 in the left wrist which has increased from 4 out of 10. There is grade 2 tenderness to palpation, which has remained the same since his last visit. Tinel's and Phalen's test are positive. He has declined surgery on his right wrist and is pending extracorporeal shockwave therapy. He has completed 9 physical therapy sessions to his bilateral wrists. No physical therapy progress notes were present for review. Treatment to date has included diagnostic studies, medications, and physical therapy. The Request for Authorization dated 09-17-2015 includes continuation of physical therapy. On 10-01-2015 Utilization Review non-certified the request for physical therapy for bilateral wrists 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral wrists 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online 2015: CTS.

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, physical therapy to the bilateral wrists two times per week times four weeks is 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 diagnoses are bilateral wrist sprain strain; bilateral wrists carpal tunnel syndrome per EMG/NCV; and bilateral wrist chronic overuse syndrome. Date of injury is September 13, 2011. Request for authorization is August 19, 2015. According to an August 19, 2015 progress note, subjective complaints include pain and numbness in the bilateral wrists 5/10. Objectively, there is 2+ tenderness at the wrists bilaterally. There is a positive Tinel's and Phalen's. The injured worker was authorized for a right carpal tunnel release surgery. The injured worker declined the procedure. The injured worker wants conservative measures in lieu of surgery at the present time. The injured worker received nine physical therapy sessions to date. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior PT. The injured worker should be well versed in the physical therapy exercises to engage in a home exercise program. The injured worker declined surgical resolution of the carpal tunnel syndrome. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. (Medical treatment 1-3 visits over 3-5 weeks). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, 9 prior physical therapy sessions with no documentation demonstrating objective functional improvement, documentation indicating the injured worker declined authorization for a right carpal tunnel release procedure and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy to the bilateral wrists two times per week times four weeks is not medically necessary.