

Case Number:	CM15-0022029		
Date Assigned:	02/11/2015	Date of Injury:	02/15/2013
Decision Date:	04/08/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 02/15/2013. She has reported multiple injuries to the shoulders, elbows, forearms, hands, and wrists secondary to performing her usual job duties. Diagnoses include rule out bilateral carpal tunnel syndrome, myofascial pain syndrome, rule out internal derangement of the right shoulder, right elbow, right wrist, and right hand, and right de Quervain's tenosynovitis. Treatment to date has included cervical spine x-ray, right and left elbow x-rays, right shoulder x-ray, and electromyogram study. In a progress note dated 12/17/2014 the treating provider reports right shoulder pain that is rated a nine out of ten, left shoulder pain that is rated seven out of ten, right elbow pain that is rated nine out of ten, left elbow pain that is rated a seven out of ten, right hand and wrist pain that is rated a ten out of ten with numbness and tingling, and left hand and wrist pain that is rated a nine out of ten with occasional numbness and tingling. The treating physician requested physical therapy but the documentation did not indicate the reason for the requested therapy. On 01/09/2015 Utilization Review non-certified the requested treatment physical therapy times eight to the bilateral hands, noting the California Medical Treatment Utilization Schedule: Chronic Pain Medical Treatment Guidelines; American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints; and Official Disability Guidelines, Work Loss Data Institute, LLC, Corpus Christi, TX, Section: Carpal Tunnel Syndrome (Acute & Chronic), updated 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions Physical Therapy for the Bilateral Hands: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Per the 01/19/15 report, the patient presents with upper extremity, right wrist and hand pain rated 9/10 along with a diagnosis of Rule out bilateral Carpal tunnel syndrome. The current request is for 8 Sessions Physical Therapy For The Bilateral Hands per the 12/19/14 RFA. As of 12/17/14 the patient is temporarily totally disabled for 4-6 weeks. MTUS pages 98 and 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-operative treatment period. The reports do not discuss the reason for this request. In this case, the patient presents with right hand pain with numbness and tingling - possible CTS. There is no evidence of prior physical therapy for this patient, and the requested 8 sessions are within what is allowed by the MTUS guidelines. The request is medically necessary.