

Case Number:	CM15-0216068		
Date Assigned:	11/05/2015	Date of Injury:	03/11/2011
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old female [REDACTED] who sustained an industrial injury on 3-11-2011 and has been treated for bilateral carpal tunnel syndrome. On 10-2-2015, the injured worker reported no change and "no treatment since last visit." There was no legible subjective or objective assessment in the progress note relating to this injury. Documented treatment from previous visits includes rest, anti-inflammatory medication, physical therapy, and carpal tunnel injections for both wrists. She had right carpal tunnel release on 8-18-2015. The treating physician's plan of care includes a request for 6 visits of physical therapy for the right hand that was modified to 5 visits; and, 6 visits of acupuncture, which was non-certified. Determination was made 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Hand 2x3: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

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, Physical therapy.

Decision rationale: Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." The MTUS and ODG guidelines recommend, for carpal tunnel syndrome, physical therapy in medical treatment: 1-3 visits over 3-5 weeks, post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks, post-surgical treatment (open): 3-8 visits over 3-5 weeks. In this case, the request for physical therapy status post carpal tunnel release is consistent with the MTUS and ODG guidelines recommending up to 8 postoperative visits. The request for Physical Therapy Right Hand 2x3 is medically necessary.

Acupuncture therapy 2x3 right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture.

Decision rationale: The MTUS does address acupuncture in 9792.24.1. Acupuncture Medical Treatment Guidelines. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation,

increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The ODG guidelines note that acupuncture for carpal tunnel syndrome is not recommended. In this case, the injured worker's diagnosis is carpal tunnel syndrome. Although the use of acupuncture is recommended to facilitate postoperative functional recovery, its use for carpal tunnel syndrome is not recommended by the ODG guidelines. The request for acupuncture therapy 2x3 right hand is not medically necessary.