

Case Number:	CM15-0216452		
Date Assigned:	11/06/2015	Date of Injury:	10/16/2007
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for carpal tunnel syndrome (CTS) reportedly associated with an industrial injury of October 16, 2007. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for bilateral wrist braces and 8 sessions of physical therapy for the cervical spine. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a progress note dated September 8, 2015, the applicant apparently reported ongoing issues with neck pain, bilateral shoulder pain, and bilateral hand numbness. The applicant had undergone reportedly successful shoulder surgeries, the treating provider reported. The applicant's permanent work restrictions were renewed. Eight sessions of physical therapy were sought while the applicant was given wrist braces. Positive Tinel and Phalen signs were reported on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist braces: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Yes, the request for bilateral wrist braces was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is deemed "recommended" as a first-line conservative treatment for carpal tunnel syndrome, i.e., the diagnosis reportedly present here. The applicant was described as having issues with bilateral hand numbness, the treating provider reported on September 8, 2015, seemingly evocative of bilateral carpal tunnel syndrome. Introduction of wrist braces was, thus indicated on or around the date in question. Therefore, the request was medically necessary.

Cervical spine physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Conversely, the request for 8 sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated on the September 24, 2015 office visit at issue. The fact that permanent work restrictions were renewed on the date in question strongly suggested that the applicant had, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of the request. It was not clearly stated or clearly established why the claimant was incapable of transitioning toward self-directed, home-based physical medicine without the lengthy formal course of treatment at issue, as suggested on both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.