

Case Number:	CM15-0043161		
Date Assigned:	03/13/2015	Date of Injury:	11/03/2014
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male, who sustained an industrial injury on November 3, 2014. He reported pain, numbness, and tingling in both forearms and hands, believed to be due to repetitive stress injury due to keyboard and mousing. The injured worker was diagnosed as having bilateral forearm strain and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, splinting, and medication. Currently, the injured worker complains of bilateral forearm and carpal tunnel syndrome symptoms. The Treating Physician's report dated February 2, 2015, noted the injured worker reporting physical therapy was helping with the pain. The bilateral forearms were noted to be tender to palpation, the right greater than the left. The Physician noted the injured worker with the bilateral forearm strain and carpal tunnel syndrome a little better, and recommended the injured worker continue to wear the wrist splint, and extend physical therapy two times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the bilateral wrist-forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. (3) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

Decision rationale: The claimant sustained a work-related injury with date of injury in November 2014 due to repetitive trauma. He is being treated for bilateral carpal tunnel syndrome. Treatments have already included physical therapy. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested therapy was not medically necessary.