

Case Number:	CM15-0044938		
Date Assigned:	03/16/2015	Date of Injury:	01/26/2012
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41-year-old female who sustained an industrial injury on January 26, 2014. She has reported right shoulder and right hand pain and has been diagnosed with right shoulder strain injury and right carpal tunnel syndrome. Treatment has included physical therapy, acupuncture, and work modifications. Currently the injured worker had pain and paresthesia to the right shoulder and right hand. The treatment request included physical therapy 3 x 4 for right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for right CTS (carpal tunnel syndrome):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy

and Physical Medicine Page(s): 74, 98-99. Decision based on Non-MTUS Citation MD Guidelines, Carpal Tunnel Syndrome.

Decision rationale: MTUS and ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." MTUS Postsurgical Treatment Guidelines additionally states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period," and further specifies by procedure: TFCC injuries-debridement (arthroscopic): Postsurgical treatment: 10 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months. ODG additionally states concerning Carpal tunnel syndrome (ICD9 354.0): 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." The requested number of session is within guideline recommendations. As such, the request for Physical therapy 3 times a week for 4 weeks for right CTS (carpal tunnel syndrome) is medically necessary.