

Case Number:	CM15-0049509		
Date Assigned:	03/23/2015	Date of Injury:	09/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/16/2015

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 36 year old male, who sustained an industrial injury on 09/19/2014. He has reported subsequent wrist and neck pain and was diagnosed with bilateral carpal tunnel syndrome and cervical radiculopathy. Treatment to date has included oral pain medication, physical therapy and bracing. In a progress note dated 01/30/2015, the injured worker complained of bilateral hand pain. Objective findings were notable for tenderness of the wrists and a positive Tinel's sign at the carpal tunnel. The physician noted that additional physical therapy visits for the hands were being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for both hands, three times weekly for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 01/05/15 progress report provided by treating physician, the patient presents with bilateral hand pain. The request is for ADDITIONAL PHYSICAL THERAPY FOR BOTH HANDS, THREE TIMES WEEKLY FOR TWO WEEKS. Patient's diagnosis per Request for Authorization form dated 02/16/15 includes carpal tunnel syndrome. Patient's diagnosis on 01/05/15 included cervical radiculopathy and paresthesias/numbness. Patient may return to modified work, per treater report dated 01/05/15. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request, nor a precise treatment history. Per progress report dated 01/05/15, treater states that "patient notes improvement with physical therapy and work restrictions." Given patient's diagnosis, continued pain, and improvement, the requested 6 sessions would be indicated. However, UR letter states the patient "completed physical therapy for twelve weeks." Treater does not discuss why patient cannot move on to home exercise program and needs formalized therapy. There is no discussion of flare-up's or new injury to warrant additional therapy. Furthermore, the request would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.