

Case Number:	CM15-0051637		
Date Assigned:	03/25/2015	Date of Injury:	03/06/2006
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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, Illinois

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 40 year old female, who sustained an industrial injury on 03/06/2006. On provider visit dated 02/05/2015 the injured worker has reported left and right wrist/hand pain and cervical pain. On examination, she was noted to have decreased sensation median nerve distribution left and right, positive Tinel's bilateral and spasm in cervical paraspinal musculature decreased. The diagnoses have included status post bilateral carpal tunnel release, rule out recurrent extremity compression neuropathy and rule out cervical radiculopathy. Treatment has included TENS, medication, physical therapy, and home exercise program and electromyogram/nerve conduction studies. The provider outpatient physical therapy to bilateral wrist/hands and cervical spine 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy to bilateral wrist/hands and cervical spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker sustained a work related injury on 03/06/2006. The medical records provided indicate the diagnosis of status post-bilateral carpal tunnel release, rule out recurrent extremity compression neuropathy and rule out cervical radiculopathy. Treatment has included TENS, medication, physical therapy, and home exercise program and electromyogram/nerve conduction studies. The medical records provided for review do not indicate a medical necessity for Outpatient Physical Therapy to bilateral wrist/hands and cervical spine 3 times a week for 4 weeks. The records indicate the injured worker had a carpal tunnel release surgery without specifying the date. This makes it impossible to decide on the guidelines to use for the carpal tunnel release. Nevertheless, the request is for physical therapy of bilateral wrist, hands and neck; therefore, the appropriate guideline for all these would be the physical medicine guideline in the chronic pain chapter. The Physical Medicine Guidelines in the MTUS recommends fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified I: 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS): 2-4 visits over 16 weeks. Therefore, the requested number exceeds the recommendation for a maximum of 10 visits for cases like this, and the request is not medically necessary.