

Case Number:	CM15-0052376		
Date Assigned:	03/25/2015	Date of Injury:	09/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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 43-year-old female, with a reported date of injury of 09/04/2014. The diagnoses include bilateral carpal and cubital tunnel syndromes, right trigger thumb, and bilateral shoulder tendinitis. Treatments to date have included oral medications, bilateral wrist splints, elbow immobilizers, physical therapy for the upper extremities, and electrodiagnostic studies. The follow-up report dated 02/20/2015 indicates that the injured worker had persistent pain in both wrists and hands, with frequent numbness and tingling. She reported some pain in her elbows with radiation into her ulnar digits and into the underarms on both sides. There was some persistent bilateral shoulder pain with radiation into the right side of her neck at times. The physical examination showed tenderness over both trapezius and to the subdeltoid bursa from both sides; limited shoulder range of motion; tingling with supraclavicular compression; and focal tenderness over both carpal tunnels and both cubital tunnels. The treating physician requested physical therapy two times a week for three weeks for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks: Upheld

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

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 in September 2014 and continues to be treated for bilateral wrist and hand pain with numbness and tingling. She has diagnoses of bilateral carpal and cubital tunnel syndrome. Treatments have included physical therapy and when seen on 01/13/15 the claimant reported that therapy was making her pain worse. At the next visit, additional therapy was requested. 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 and the claimant has already had therapy treatments without benefit. Providing additional skilled therapy services would not reflect a fading of treatment frequency. Therefore, the requested therapy was not medically necessary.