

Case Number:	CM15-0087909		
Date Assigned:	05/12/2015	Date of Injury:	08/06/2007
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 60 year old female, who sustained an industrial injury on 8/06/2007. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include cervicalgia, right shoulder status post rotator cuff tear in 2013, left carpal tunnel syndrome, and status post right carpal tunnel release. Treatments to date include bilateral carpal tunnel braces, medication therapy, and physical therapy. Currently, she complained of slight pain in the right shoulder. She reported completing twelve physical therapy sessions to the left wrist with good relief from massage therapy, however, complained of ongoing tingling sensations. On 2/16/15, the physical examination documented decreased cervical spine range of motion with pain and muscle spasm to the trapezius. There was diminished sensation to the left finger tips bilaterally. The right shoulder demonstrated near full range of motion. The plan of care included additional physical therapy sessions twice a week for five weeks.

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 6 weeks for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: MTUS 2009 recommends against the use of manual therapy and manipulation to treat carpal tunnel syndrome. The request lists massage as the treatment to be provided during physical therapy. The patient has already likely exceeded MTUS 2009 recommendations for PT. The patient reportedly experienced improvement with prior sessions of PT but there is no carryover benefit from prior PT demonstrated in the reports. This request for an additional 12 sessions of PT is not medically necessary based upon MTUS 2009 and the lack of carryover benefit from prior PT.