

Case Number:	CM15-0088223		
Date Assigned:	05/12/2015	Date of Injury:	02/01/2013
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
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: Arizona, Texas
Certification(s)/Specialty: Internal 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 2/1/13. The injured worker was diagnosed as having bilateral carpal tunnel syndrome status post-carpal tunnel release with continued weakness. Treatment to date has included bilateral carpal tunnel release, 4 physical therapy sessions, wrist braces, and medications. A physician's report dated 3/26/15 noted physical examination findings of normal motor strength of bilateral upper extremities, normal sensation to all dermatomes, and normal deep tendon reflexes. Neurocirculation was intact and the injured worker was able to make a fist bilaterally. Currently, the injured worker complains of bilateral hand pain, numbness, tingling, and weakness. The treating physician requested authorization for physical therapy 3x4 for bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for bilateral hands: 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 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the patient has had previous therapy for bilateral hands. The documentation does not support that the patient requires further therapy. He has had sufficient therapy previously to set up a home exercise program. The medical necessity for continued therapy is not supported. This is not medically necessary.