

Case Number:	CM14-0014795		
Date Assigned:	02/28/2014	Date of Injury:	09/22/2011
Decision Date:	07/29/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old who has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of September 22, 2011. Medical records from December 18, 2013 to February 10, 2014 were reviewed and showed that patient complained of bilateral hand and wrist pain (grade not specified) with associated numbness of bilateral hands. Physical examination revealed tenderness over the volar wrists and mild bilateral hypothenar wasting. Tinel's and Phalen's tests were positive bilaterally. EMG (electromyogram)-NCV (nerve conduction velocity) study of the right upper extremity dated February 5, 2014 revealed moderate-to-severe bilateral carpal tunnel syndrome. X-ray of bilateral hand and wrist dated December 17, 2013 revealed soft tissue swelling of the wrists and hands and early degenerative changes of the interphalangeal joints. Treatment to date has included physical therapy, bilateral wrist support, and pain medications. Utilization review, dated January 8, 2014, modified the request for six visits of outpatient physical therapy at three times a week for two weeks for bilateral wrists consisting of hot/cold, work hardening, and new patient physical therapy evaluation to three visits because the medical necessity for a trial of physical therapy has been established for three additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the bilateral wrists consisting of hot/cold, work hardening and new patient physical therapy evaluation, three times weekly for two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Work Conditioning/Work Hardening Page(s): 98-99; 125.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, active therapy allows for fading of treatment frequency from up to three visits per week to one or less plus active self-directed home physical medicine. According to the Chronic Pain Medical Treatment Guidelines, some of the criteria for work hardening program admission are: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, (3) Not a surgical candidate, and (4) the worker must be no more than two years past date of injury, etc. In this case, there was no documentation of recent physical therapy outcome such as pain relief or functional improvement. There was no documentation of active involvement in HEP (home exercise program) by the patient. It is unclear as to why additional physical therapy is needed. The patient does not fit in the criteria for admission to work hardening program mentioned above. Therefore, the request for outpatient physical therapy to the bilateral wrists consisting of hot/cold, work hardening and new patient physical therapy evaluation, three times weekly for two weeks, is not medically necessary or appropriate.