

Case Number:	CM14-0116409		
Date Assigned:	09/16/2014	Date of Injury:	01/14/2011
Decision Date:	10/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 01/14/2011. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included lumbar discopathy with radiculopathy and left carpal tunnel syndrome. The injured worker's past treatments included surgery, physical therapy, wrist splints, and an unspecified amount of physical therapy to the left wrist. The injured worker's diagnostic exams included an electromyography done in 2011, and MRI scan of the lumbar spine on 11/22/2011, and an x-ray performed on an unspecified date. The injured worker's surgical history included carpal tunnel release in 1996, and left shoulder surgery. On 06/12/2014, the injured worker complained of constant low back pain that radiated into the lower extremities of the right side greater than the left. He also complained of associated tingling and numbness as well as headaches. He rated his pain 4-5/10. He also stated that there was frequent pain in both wrists and hands, left side greater than the right, with associated tingling and numbness. The physical exam revealed a positive palmar compression test subsequent to the Phalen's maneuver. There was also reproducible symptomatology in the median nerve distribution with a positive Tinel's, which was consistent with carpal tunnel syndrome. The medications were not clearly indicated in the clinical notes. The treatment plan encompassed the use of physical therapy to the left wrist 3 times a week for 4 weeks and the continued use of a left wrist splint. A request was received for 12 sessions of physical therapy for the left wrist 3 times a week for 4 weeks. The rationale for the request was not clearly indicated in the clinical notes. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the Left Wrist (3 X 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): 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) Carpal Tunnel Syndrome, Physical medicine treatment

Decision rationale: The request for 12 sessions of physical therapy for the left wrist, 3x4, is not medically necessary. The Official Disability Guidelines recommend 1-3 visits over 3-5 weeks for the treatment of carpal tunnel syndrome. There is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The benefits of the therapy need to be documented after the first week, and prolonged therapy visits are not supported. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, are not supported by the guidelines. Based on the clinical notes, the injured worker had complaints of frequent left wrist pain that was aggravated by repetitive motions. There was a positive palmar compression test and Tinel's over the left carpal tunnel. The diagnosis of carpal tunnel would be supported by the guidelines to warrant the use of physical therapy. However, the clinical note from 07/10/2014 indicated that he was participating in physical therapy. The clinical information suggests that this therapy was to the left wrist. Additional therapy is only warranted when the benefits are properly documented within the first week of physical therapy. Also, there was an absence of quantitative objective evidence from the physical therapy sessions indicating a significant progress in range and motion and comfort level. Moreover, the clinical notes failed to identify the modalities the injured worker utilized during his therapy sessions, as passive modalities are not supported. Therefore, due to lack of quantitative evidence indicating the efficacy of treatment, lack of evidence supporting the need for additional therapy, and the guidelines statement that "prolonged therapy visits are not supported", the request is not supported. Thus, the request for 12 sessions of physical therapy for the left wrist, 3x4, is not medically necessary.