

Case Number:	CM14-0126654		
Date Assigned:	08/13/2014	Date of Injury:	12/01/2013
Decision Date:	11/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 a licensed Chiropractor 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:

This 41 year old patient had a date of injury on 12/1/2013. The mechanism of injury was repetitive motion injury of the bilateral wrists and hands. In a progress noted dated 6/3/2014, the patient bilateral constant, moderate, dull pain, soreness and stiffness of the wrists. On a physical exam dated 6/3/2014, there were positive musculoskeletal signs and symptoms to hands and wrist bilaterally. There was restricted range of motion with painful palpable tenderness to wrist and hands. The patient was noted to have had 12 physical therapy visits in past for the hands. The diagnostic impression shows carpal tunnel syndrome, myalgia, myositis. The treatment to date includes medication therapy, behavioral modification, and physical therapy. A UR decision dated 7/10/2014 denied the request for physical therapy 2x/week for 4 weeks, stating the documentation reveals little evidence of specific quantifiable measures of range of motion or strength, orthopedic or neurological findings or any evidence of significant functional loss and unable to perform HEP for remaining aches and pains. The guidelines do not support manipulation for carpal tunnel syndrome for Chiropractic 1x4 for bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114 Official Disability Guidelines (ODG) Forearm, wrist, hand

Decision rationale: The CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The ODG recommends 1-3 visits over 3-5 weeks, and 3-8 visits post-surgically over 3-5 weeks for carpal tunnel syndrome. In the 7/10/2014 progress note, the patient is documented to have had 12 total physical therapy treatments for the hands. However, there was no clear documentation demonstrating objective functional improvements from these past visits, and it was unclear why this patient was unable to transition into a home exercise program. Therefore, the request for additional physical therapy 2x/week for 4 weeks was not medically necessary.

Chiropractic 1x4 for bilateral Carpal Tunnel Syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand

Decision rationale: The CA MTUS does not address this issue. The ODG does not recommend manipulation, as it has not proven effective in high quality studies for patients with pain in the hand, wrist, or forearm. In the documentation provided, there was no clear rationale provided regarding the medical necessity of chiropractic manipulation, when guidelines clearly state this practice is not recommended for treatment of hand, wrist, or forearm. Therefore, the request for chiropractic 1x4 for bilateral carpal tunnel syndrome was not medically necessary.