

Case Number:	CM14-0133828		
Date Assigned:	08/27/2014	Date of Injury:	11/01/2009
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/21/2014

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 Preventive 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:

This case involves a 51-year-old female with date of injury of 11/1/09 and is status post right carpal tunnel release. At the time (7/30/14) of request for authorization for physical therapy six (6) sessions (2x3), there is documentation of subjective complaints of pain in both wrists and hands. Current objective findings are severe tenderness at the carpal tunnel site on the right and weakness of the right hand, tenderness at the lateral aspect of the right elbow, positive Cozen's on the right, cervical spine tenderness, positive Spurling bilaterally, and pain with range of motion. Her current diagnoses include cervical discopathy, cervical radiculitis, lumbar discopathy, lumbar radiculitis, and status post right carpal tunnel release, possible ulnar nerve entrapments at the Guyon canal, positive cubital tunnel syndrome, and Dupuytren's contracture and triggering of the right ring finger. Treatment to date includes activity modification, medications, and therapy. The 4/16/14 medical report identifies that the patient had therapy with no relief. The number of physical therapy visits completed to date cannot be determined. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; six (6) sessions (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Neck and Upper Back, Physical Medicine Treatment.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of post-surgical carpal tunnel syndrome not to exceed 3-8 visits over 3-5 weeks. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of Displacement of cervical intervertebral disc not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). Additionally, when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, cervical radiculitis, lumbar discopathy, lumbar radiculitis, status post right carpal tunnel release, possible ulnar nerve entrapments at the Guyon canal, positive cubital tunnel syndrome, and Dupuytren's contracture and triggering of the right ring finger. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Furthermore, given the 4/16/14 medical's report documentation that the patient had therapy with no relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy six (6) sessions (2x3) is not medically necessary.