

Case Number:	CM14-0141708		
Date Assigned:	09/05/2014	Date of Injury:	08/15/2006
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 66-year-old male who reported an injury on 08/15/2006 reportedly while moving heavy furniture from classroom to classroom and he developed pain and discomfort in the right shoulder. The injured worker's treatment history included MRI studies, x-rays, physical therapy sessions, and surgery on his left foot. The injured worker was evaluated on 06/26/2014 and the injured worker complained of continuous symptoms of numbness and tingling of both hands. The left hand was worse. The biggest problem was when the injured worker rode a bicycle. The fingers went numb and had immediate tingling after getting on the bicycle. On physical examination, the injured worker had excellent range of motion of the fingers. The injured worker was able to flex into the distal palmar crease. There was no thenar or hypothenar atrophy. The grip strength was 45 on the right and 50 on the left. The injured worker's symptoms were classic carpal tunnel symptoms. The other palm was flexor and extensor forearm myofascial pain syndrome. The injured worker had a nerve conduction test, on 06/26/2014 that revealed mild carpal tunnel. Diagnoses included bilateral carpal tunnel syndrome and flexor and extensor forearm. The Request for Authorization dated 07/28/2014 was for physical therapy 2 x weekly for 3 weeks 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 2 TIMES WEEKLY FOR 3 WEEKS BILATERAL HANDS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: :)The request is not medically necessary. The California MTUS Guidelines may support up to 3 visits per week to 1 or less, plus active self-directed home physical Medicine to promote functional improvement. The provider indicated the injured worker being diagnosed with carpal tunnel syndrome, which should be treated initially conservatively. However, the request submitted will exceed recommended amount of visits. The guideline will allow hand therapy 1, time a week for 3 weeks. With documented outcome measures after physical therapy is completed. As such, the request for physical therapy 2 times a week for 3 weeks for bilateral hands is not is not medically necessary.