

Case Number:	CM14-0148700		
Date Assigned:	09/18/2014	Date of Injury:	11/16/2012
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/12/2014

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 Orthopedic Surgery, 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 65-year-old female who reported a date of injury of 11/16/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of right shoulder tendinitis, right carpal tunnel syndrome, radial collateral ligament tear right elbow, with left medial epicondylitis, right ulnar nerve entrapment cubital tunnel, with mild left carpal tunnel syndrome and left cubital tunnel syndrome. Prior treatments included physical therapy and the use of a wrist splint. The injured worker had a lower extremity EMG on 03/18/2014 with the official report indicating a normal study of the bilateral lower extremities and, a NCV on 03/18/2014 with the official report indicating an abnormal study of the bilateral lower extremities involving the bilateral plantar motor nerves. Surgeries included left carpal tunnel release and left ulnar nerve decompression on 07/30/2014. The injured worker had complaints of left knee pain, right knee pain, low back pain with left side greater than right lower extremity symptoms, elbow pain bilaterally, right shoulder and cervical pain. The injured worker indicated the TENS unit was no longer providing relief from the pain. The clinical note dated 09/08/2014 noted the injured worker had tenderness to palpation of the left knee, with a range of motion of 0 to 90 degrees, crepitation was noted with the range of motion assessment and a positive patellofemoral compression test. The injured worker had spasms the lumboparaspinal musculature and her calf musculature was decreased. Medications included cyclobenzaprine and tramadol. The treatment plan included the physician's recommendation for a left knee arthroscopy, acupuncture for all body parts to include the lumbar spine, additional physical therapy for the lumbar spine and cervical spine, an MRI of the lumbar spine, pain management and tramadol. The rationale and Request for Authorization Form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Times Four Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand (acute & chronic), Physical/ Occupational therapy.

Decision rationale: The request for physical therapy times 4 bilateral wrist is not medically necessary. The injured worker had complaints of left knee pain, right knee pain, low back pain with left side greater than right lower extremity symptoms, elbow pain bilaterally, right shoulder and cervical pain. The injured worker indicated the TENS unit was no longer providing relief from the pain. The California MTUS Postsurgical Guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options including surgery for carefully selected patients could result in faster return to work. Furthermore, carpal tunnel release surgeries are a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Continued visits should be contingent on documentation of objective improvement greater than 4, and long term resolution of symptoms. Therapies 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, should be minimized in favor of active treatments. It is noted the injured worker underwent carpal tunnel syndrome on 07/30/2014. A prior authorization for 4 physical therapy visits was authorized; however, there was a lack of evidence demonstrating the injured worker executed approved physical therapy treatments. The guidelines state there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome and recommend 3 to 5 sessions over 4 weeks. The request for 4 additional physical therapy visits would exceed the recommended guidelines. As such, the request is not medically necessary.