

Case Number:	CM14-0099702		
Date Assigned:	07/28/2014	Date of Injury:	05/15/2012
Decision Date:	10/07/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 29 year old with an injury date on 5/5/12. Patient complains of an exacerbation in bilateral hand pain with weakness/numbness per 4/30/14 report. Patient wears wrist braces at night and can sleep, but if she doesn't wear braces, she gets increasing pain/numbness and is unable to sleep per 4/30/14 report. Based on the 4/30/14 progress report provided by [REDACTED] the diagnosis is bilateral carpal tunnel syndrome. Exam on 4/30/14 showed "positive Tinel's sign and Phalen's sign in bilateral wrists. Decreased grip strength in bilateral hands." [REDACTED] is requesting physical therapy 1x week x 6 weeks bilateral wrist/hands. The utilization review determination being challenged is dated 5/29/14 and denies request due to prior 18 physical therapy sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 2/10/14 to 4/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x Week x 6 Weeks Bilateral Wrist and Hands: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with weakness/numbness in bilateral hands. The physician has asked for physical therapy 1x week x 6 week's bilateral wrist/hands on 4/30/14 "for treatment of symptoms exacerbation." The utilization review letter dated 5/29/14 states patient received 18 physical therapy treatments without documented functional improvement but does not state which body part treated or how recent the sessions were. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had an exacerbation of wrist pain. Review of the reports does not show that the patient had recent physical therapy for the wrist. Given the patient's exacerbation and worsening symptoms, the requested 6 sessions of physical therapy for bilateral wrist/hands appears reasonable. Therefore the request is medically necessary.