

Case Number:	CM14-0216198		
Date Assigned:	01/06/2015	Date of Injury:	06/25/2012
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 41 year old female who was injured on 6/25/12. She was diagnosed with left carpal tunnel syndrome and left shoulder rotator cuff tendinopathy. She was treated with 12 sessions of physical therapy (for wrist), restricted activity, wrist injection, wrist brace, and medications. The most recent progress note with closest date prior to this request and included in the documents provided was on 11/12/14. The worker on that date saw a new provider (after transfer of care) reporting having been recommended further physical therapy by her hand surgeon recently. She complained of constant burning pain in her left shoulder and left wrist somewhat improved with less tingling but with continual pain which radiates to her left forearm. She reported tolerating modified duty at work and was taking NSAIDs for pain. She was then recommended to complete the recommended additional physical therapy (12 additional sessions), complete 6 sessions of physical therapy for the left shoulder, continue meloxicam, and follow-up with hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

#2 Physical Therapy 3 Times A Week for 4 Weeks or 2 Times A Week for 6 Weeks for The Left Carpal Tunnel: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for carpal tunnel syndrome pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia pain and up to 10 sessions for neuropathic pain over 4 weeks. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was 12 completed left wrist physical therapy sessions, which is more than sufficient supervised physical therapy sessions for a carpal tunnel syndrome case as the worker should be familiar with home exercises by now. Evidence from the documents suggested she was familiar with the home exercises and did not show any signs of inability to perform them. Therefore, the additional 12 sessions of physical therapy for the left wrist are not medically necessary.