

Case Number:	CM14-0037374		
Date Assigned:	06/25/2014	Date of Injury:	03/15/2007
Decision Date:	02/24/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a 61 year old gentleman who sustained a work related injury on 3/15/2007. The mechanism of injury has not been provided with the submitted clinical documentation. Per the Primary Treating Physician's Progress Report dated 2/12/2014, the injured worker reported left upper extremity tenderness and increased pain. He reported constant sharp pain in the bilateral wrists with radiation. Medications control the pain temporarily. Objective physical examination revealed tenderness upon palpation of the bilateral wrists with limited range of motion. Diagnoses included right wrist carpal tunnel syndrome and left wrist carpal tunnel release. The plan of care included medications for pain, continuation of physical therapy and trigger point injection for the left wrist. Disability status is temporary total disability. A left cubital tunnel release was performed on 10/15/2007 and a right cubital tunnel release was performed on 12/12/2007. Prior treatment has included physical therapy, occupational therapy, and chiropractic treatment. The numbers of visits and treatment outcomes have not been provided. Magnetic resonance imaging (MRI) of the right wrist dated 12/23/2011 revealed 2 subchondral cysts of the navicular bone measuring 2mm in size and increased signal beneath the transverse retinaculum near the median nerve which may represent carpal tunnel syndrome. On 02/28/2014, Utilization Review non-certified a prescription for Physical Therapy (2 x week x 3 weeks) for the bilateral wrists based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 3 weeks for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (updated 02/18/14) Physical/Occupational Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment

Decision rationale: The claimant has a history of a work related injury in 2007 and is being treated for bilateral carpal tunnel syndrome. He has undergone bilateral carpal tunnel releases and bilateral cubital tunnel releases but has not had recent surgery. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore the requested therapy was not medically necessary.