

Case Number:	CM15-0015790		
Date Assigned:	02/03/2015	Date of Injury:	08/13/2012
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on August 13, 2012. There was no mechanism of injury documented. The injured worker is status post bilateral carpal tunnel releases. The injured worker was diagnosed with carpal tunnel syndrome and trigger finger. According to the QME report on December 16, 2014, an Electromyography (EMG) and Nerve Conduction Studies (NCS) were performed in April 2014 demonstrating no evidence of carpal tunnel syndrome, ulnar neuropathy or peripheral neuropathy. A magnetic resonance imaging (MRI) of the right wrist performed on July 25, 2014 noted mild degenerative changes without findings of median nerve edema or inflammation. According to the primary treating physician's progress report on December 19, 2014, the injured worker continues to experience bilateral pain and burning of both wrists. Current medication is Motrin. Treatment modalities consist of conservative measures, physical therapy, home exercise program and chiropractic therapy. The treating physician requested authorization for additional physical therapy, three times a week for three weeks for the bilateral wrist. On January 7, 2015 the Utilization Review denied certification for additional physical therapy, three times a week for three weeks for the bilateral wrist. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, three times a week for three weeks for the bilateral wrist:
Upheld

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

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

Decision rationale: This patient presents with bilateral carpal tunnel syndrome. The patient is not post-surgery. The treater is requesting ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS FOR THE BILATERAL WRIST. The RFA dated 12/19/2014 shows a request for physical therapy 3x3 in-house physical therapy is available. The patient's date of injury is from 08/13/2012 and her current work status is modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. The 12/16/2014 QME report shows that the patient has received 8 to 9 visits of physical therapy with benefit the last of which was from October 2014. The 12/19/2014 progress report shows that the patient continues with on and off pain in the bilateral wrist along with burning sensation and numbness in the bilateral middle fingers. The MTUS page 8 on chronic pain require satisfactory response to treatment including increased levels of function, decreased pain or improve quality-of-life. In this case, while the patient notes benefit with physical therapy, she continues to report on and off pain in the bilateral wrist. Furthermore the requested nine additional physical therapy visits would exceed guidelines. The request IS NOT medically necessary.