MAXIMUS Federal Services

Case Number:	CM15-0171416		
Date Assigned:	09/10/2015	Date of Injury:	03/05/2015
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This injured worker is a 64 year old female who reported an industrial injury on 3-5-2015. Her diagnoses, and or impression, were noted to include: bilateral, left > right, carpal tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include: physical therapy with additional physical therapy treatments totally 18 sessions; use of a wrist brace during sleep; a home exercise program; and a return to her usual work duties, using accommodations, before her retirement on 7-1-2015. The physician's progress notes of 7-9-2015 reported that she was doing a little better since retiring 1 week prior, and despite no physical therapy in 2 weeks; less shooting pain and less pain in general; hands still sore, feeling like arthritis; improved symptoms since retirement; night numbness and tingling; weakness with the inability to open bottles without the assistance of a rubber object; and that she was not taking any medications for pain. Objective findings were noted to include: no distress; tingling with palpation over the right hand and palm; and positive paresthesias in the 2nd, 3rd and 4th fingers from Tinel's. The physician's requests for treatments were not noted to include 6 additional physical therapy treatments because she was improving slowly, requested the additional physical therapy, and because she felt that physical therapy helped. The Utilization Review of 9-24-2015 non-certified the request for additional physical therapy to the wrist-hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to wrist/hand Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Carpal Tunnel Syndrome (Acute & Chronic) - Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, under Physical Medicine Treatment.

Decision rationale: The current request is for Additional physical therapy to wrist/hand Qty: 6. The RFA is dated 07/09/15. Treatment history includes physical therapy, medications, wrist brace, HEP and modified work. The patient is retired. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, under Physical Medicine Treatment has the following: Allow for fading of treatment frequency, plus active self-directed home PT Medical treatment: 1-3 visits over 3-5 weeks Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Per report 07/09/15, the patient presents with shooting pain in the bilateral wrist, with numbness and tingling. Examination revealed tingling with palpation over the right hand and palm; and positive paresthesias in the 2nd, 3rd and 4th fingers from Tinel's. The patient reports that physical therapy has been helpful in reducing pain and increasing hand strength. The treater recommended 6 additional physical therapy treatments, as the patient was improving but slowly and prior treatments were helpful. The patient has participated in 18 PT sessions between 03/15/15 and 07/09/15. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.