

Case Number:	CM15-0027421		
Date Assigned:	02/19/2015	Date of Injury:	07/03/2007
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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 53-year-old male, with a reported date of injury of 07/03/2007. The diagnoses include bilateral carpal tunnel syndrome. Treatments have included electrodiagnostic studies on 01/13/2015, which showed moderate bilateral carpal tunnel syndrome and wrist braces. The progress report dated 01/13/2015 indicates that the injured worker continued to have numbness in both of his hands. He had developed numbness and tingling in his hands which had become bothersome. The objective findings include a positive Tinel's at his bilateral elbows and symptoms with compression of the ulnar nerves or prolonged bending of the elbows. It was documented that there was some clinical evidence of ulnar neuropathies that was easily reversible with changes in position. The treating physician requested hand therapy once a week for three weeks for the bilateral wrists for the bilateral carpal tunnel syndrome. On 02/04/2015, Utilization Review (UR) modified the request for hand therapy once a week for three weeks for the bilateral wrists. The UR physician noted that there was no rationale for the requested number of sessions and the frequency and duration to initiate therapy for this problem. The MTUS ACOEM Guidelines and the Non-MTUS 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:

Hand Therapy 2 X week X 3weeks for Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The 52 year old patient presents with constant pain in the neck, rated at 4/10, that radiates to bilateral shoulders, and pain in left hand/wrist, rated at 7/10, accompanied by numbness and tingling, as per progress report dated 01/20/15. The request is for HAND THERAPY 2 x WEEK X 4 WEEKS FOR BILATERAL WRISTS. There is no RFA for this case, and the patient's date of injury is 07/03/07. The patient also complains of pain in the right forearm and has been diagnosed with cervical sprain/strain and spondylosis, and moderate depression and anxiety, as per progress report dated 01/20/15. The patient is status post left carpal tunnel release on 08/26/14 and right carpal tunnel release on 04/08/14. Medications, as per progress report dated 01/13/15, included Pristiq, Abilify, Viagra, Topiramate, Atenolol, Diovan, Hydrochlorothiazide, Amlodipine, Combivent and Simvastatin. The patient is temporarily totally disabled, as per progress report dated 01/20/15. MTUS Guidelines, page 15, states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The guidelines recommend 3-8 visits over 3-5 weeks. The postsurgical physical medicine treatment period is 3 months. In this case, the patient is status post left carpal tunnel release on 08/26/14 and right carpal tunnel release on 04/08/14. There is no RFA for the case but the request is noted in progress report dated 01/13/15, thereby indicating that the patient is not within the post-surgical time frame. In the report, the treater is requesting for 8 sessions of hand therapy for the patient's bilateral carpal tunnel syndrome. MTUS guidelines, however, do not support physical therapy for carpal tunnel syndrome in non-operative cases. Hence, the request IS NOT medically necessary.