

Case Number:	CM15-0075814		
Date Assigned:	04/27/2015	Date of Injury:	10/10/2011
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old woman sustained an industrial injury on 10/10/2011. The injured worker has been diagnosed of wrist tend/Burrs; Shoulder impingement, and cervical radiculopathy. Treatment has included oral medications. Physician notes dated 2/25/2015 show complaints of wrist pain with numbness in the digits. Recommendations include electrodiagnostic studies of the upper extremities, do not take nonsteroidal anti-inflammatory medications, physical therapy including heat, ice, massage, exercises, ultrasound, paraffin and interferential unit/TENS, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks, for the left wrist and 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: The injured worker sustained a work related injury on to the wrist tend/Burrs; Shoulder impingement, and cervical radiculopathy. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for physical therapy 2 times a week for 4 weeks, for the left wrist and carpal tunnel. The medical report indicates the injured worker had about 12 sessions of physical therapy on 12/2014. There was no documentation of the outcome of the therapy. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 visits plus active self-directed home Physical Medicine. Therefore, based on the guidelines the injured worker exceeded the recommended number of visits with the 12 visits she had earlier. Therefore the request is not medically necessary.

Physical Therapy 2 times a week for 4 weeks, for the right wrist and 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: The injured worker sustained a work related injury on to the wrist tend/Burrs; Shoulder impingement, and cervical radiculopathy. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for physical therapy 2 times a week for 4 weeks, for the left wrist and carpal tunnel. The medical report indicates the injured worker had about 12 sessions of physical therapy on 12/2014. There was no documentation of the outcome of the therapy. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), for a total of 10 visits plus active self-directed home Physical Medicine. Therefore, based on the guidelines the injured worker exceeded the recommended number of visits with the 12 visits she had earlier. Therefore the request is not medically necessary.

EMG (electromyography)/NCS (nerve conduction study) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The injured worker sustained a work related injury on to the wrist tend/Burrs; Shoulder impingement, and cervical radiculopathy. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for EMG (electromyography)/NCS (nerve conduction study) of bilateral upper extremities. The medical report indicates the injured worker had similar studies in 11/2014, and the report revealed moderate bilateral carpal tunnel syndrome; therefore, there is no need repeating this study. The request is not medically necessary.

