

Case Number:	CM15-0098604		
Date Assigned:	05/29/2015	Date of Injury:	02/10/2014
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 45 year old female, who sustained an industrial injury on February 10, 2014. Treatment to date has included bilateral carpal tunnel release, corticosteroid injection, and hand therapy. Currently, the injured worker complains of tenderness over the bilateral epicondyles and radial tunnels with pain with resisted wrist extension. The documentation indicates the injured worker has made significant but incomplete gains with her hand therapy. Physical therapy notes from January 23, 2015 through March 27, 2015 were reviewed and the March 27, 2015 note did not detail the injured workers continued deficits or a summary of her progress. The diagnoses associated with the request include bilateral radial tunnel, lateral epicondylitis and bilateral carpal tunnel syndrome. The treatment plan includes twelve additional sessions of physical therapy and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral physical therapy two times a week times six weeks, twelve sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy; (2) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2014. She underwent right carpal tunnel release surgery in October 2014 and a left carpal tunnel release in January. She is being treated for bilateral epicondylitis and radial tunnel syndrome. As of 04/09/15 she had completed 16 occupational therapy treatments on the right side and eight on the left. Her range of motion and strength had improved on the left side. She was having slower improvement on the right. Therapy treatment for these conditions could be expected to up to 14 visits over 6 weeks with simultaneous treatment for the conditions identified. There would be expected overlap of the therapeutic content being provided. In this case, the number of additional treatments being requested is in excess of what would be recommended or that would be needed to finalize the claimant's home exercise program. The request is not medically necessary.