

Case Number:	CM15-0099208		
Date Assigned:	06/01/2015	Date of Injury:	08/03/2012
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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, Hawaii

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 56-year-old female who sustained an industrial injury on 08/03/2012. The injured worker was diagnosed with bilateral carpal tunnel syndrome, right wrist tendinitis and left lateral epicondylitis. The injured worker has a medical history of diabetes mellitus. Treatment to date includes diagnostic testing with latest electrodiagnostic studies in August 2014, surgery, physical therapy, psychological evaluation and testing and medications. The injured worker is status post a right carpal tunnel release and right trigger finger release in November 2012 and a left carpal tunnel decompression and flexor tenosynovectomy and trigger release of left 3rd, 4th and 5th fingers on April 23, 2013. According to the primary treating physician's progress report on March 20, 2015, the injured worker continues to experience pain at the lateral aspect of both elbows and the dorsal area of the right wrist. Examination demonstrated full active and passive range of motion of the bilateral elbows. There was tenderness to palpation directly over the lateral epicondyle bilaterally and no tenderness over the medial area. There was a negative Tinel's sign over the ulnar nerve at the cubital tunnel with negative carpal tunnel compression test and mildly positive Tinel's over the median nerve of both wrists. Range of motion of both wrists was within normal limits. Weakness with grip strength was noted. Current medications were not discussed. Treatment plan consists of possible steroid injections to the elbows, elbow magnetic resonance imaging (MRI), repeat electrodiagnostic studies and the current request for physical therapy twice a week for 6 weeks for bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral hands, carpal Tunnel Syndrome and Trigger Finger, 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The patient has ongoing pain and weakness in both hands. The current request is for 12 visits physical therapy 2 times per week over 6 weeks for B/L hands, CTS and trigger finger. The MTUS guidelines do recommend physical medicine for CTS and trigger finger. However, the guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case, the current request exceeds the MTUS guidelines. The patient has previously undergone right carpal tunnel release in 2012 and left carpal tunnel and trigger release in 2013. While the patient may require some physical therapy for the current flare up and the UR decision did modify the request authorize 6 visits, the request for 12 sessions is not recommended by MTUS. The current request is not medically necessary.