

Case Number:	CM14-0037885		
Date Assigned:	06/25/2014	Date of Injury:	06/13/2006
Decision Date:	09/04/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 6/13/06. A utilization review determination dated 3/12/14 recommends non-certification of PT. 3 PT sessions had been completed previously. 3/12/14 medical report identifies hands with burning sensation and numbness. He notices that he drops objects. Previous injections were not helpful. On exam, there is swelling, thenar atrophy, positive Tinel's and Phalen's. Treatment plan includes Skelaxin, lidocaine patch, PT or OT 3 x 6, and left CTR and preoperative medical clearance. Night splints were not helpful. Injections were offered and patient declined. Conservative treatment was said to have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X 6 to the bilateral wrists QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Physical medicine treatment.

Decision rationale: Regarding the request for physical therapy 3 X 6 to the bilateral wrists, CA MTUS and ODG support only a few sessions of Physical Therapy (PT) or Occupational Therapy (OT) for carpal tunnel syndrome, with up to 3 sessions supported for medical treatment and up to

8 for post-surgical treatment. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the proposed amount of therapy exceeds the recommendations of the CA MTUS and ODG, but no rationale is provided to support 18 additional sessions and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy 3 X 6 to the bilateral wrists is not medically necessary.