

Case Number:	CM14-0206759		
Date Assigned:	12/18/2014	Date of Injury:	10/18/2013
Decision Date:	12/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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 48 year old female, who sustained an industrial injury on 10-18-13. Medical records indicate that the injured worker is undergoing treatment for right carpal tunnel syndrome with no axial involvement. The injured worker is currently not working. On (8-5-14) the injured worker complained of worsening right forearm, wrist and hand pain with associated numbness and tingling of the right thumb and third fingers. The symptoms increase during activities while using the hand. Nocturnal exacerbation of symptoms was also noted. Objective findings revealed a positive Tinel's test over the median nerves bilaterally and a Phalen's test was positive on the right. Strength of the bilateral upper extremities was normal. Sensation to light-touch was intact. Treatment and evaluation to date has included medications, MRI, electromyography-nerve conduction study, hand therapy (unspecified amount), acupuncture treatments and a cortisone injection. The electromyography-nerve conduction study (4-5-14) showed moderate right carpal tunnel syndrome with no axial involvement. Current medications include levothyroxine, Ambien and trazodone. The current treatment request is for hand therapy two times a week for six weeks. The Utilization Review documentation dated 11-13-14 non-certified the request for hand therapy two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the right forearm wrist and hand. The current request is for Hand therapy 2x6 weeks. The treating physician report dated 7/17/14 (193B) states, "Has tried acupuncture, massage and hand therapy which all ended in early June, has gotten worse since then." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received an unknown quantity of prior physical therapy for the hand. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.