

Case Number:	CM14-0109446		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	11/19/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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:

The injured worker is a 32-year-old male who was reportedly injured on 08/09/2012. The mechanism of injury is noted as a cumulative injury to the wrist due to repetitive work. Medical report dated 05/20/2014, indicated the injured worker complaining of bilateral wrist pain into hands. On examination, there was tenderness to palpation over the flexor and extensor tendons. Diagnoses included wrist strain and carpal tunnel syndrome. A request was made for physical therapy 3 times a week times four weeks, bilateral wrist and was not certified on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week times four weeks, bilateral wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines. Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (updated 02/18/14), Physical/Occupational therapy; ODG Carpal Tunnel Syndrome (updated 02/20/14), Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Physical/Occupational Therapy

Decision rationale: This case involves an injured worker who has been diagnosed with bilateral carpal tunnel syndrome following a cumulative trauma injury reported on 8/9/2012. The left wrist has undergone carpal tunnel release on 3/20/2013. The injured worker has had previous physical therapy. Post-Surgical Treatment guidelines allows for 3-8 sessions over 5 weeks and Official Disability Guidelines (ODG) states medical treatment would entail 1-3 visits over 3-5 weeks. Therefore, the request for additional physical therapy 3 x 4 weeks is not medically necessary.