

Case Number:	CM14-0144303		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2012
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Orthopedic Surgery 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:

The records presented for review indicate that this 42-year-old female was reportedly injured on February 10, 2012. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated July 28, 2014, indicates that the injured employee complains of pain and weakness on the right greater than the left side. The physical examination demonstrated mostly resolved numbness and tingling however there is still decreased grip strength on the right and left side. A prior note from physical therapy did not indicate any grip strength abnormalities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left and right sided carpal tunnel release, physical therapy, and oral medications. A request had been made for six sessions of physical therapy for the right hand and was denied in the pre-authorization process on August 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for the right hand, two times per week for three weeks, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommends 3 to 8 visits of physical therapy for carpal tunnel syndrome. It is anticipated that at this point the injured employee has transitioned to a home exercise program to continue range of motion and strengthening. It is unclear why formal therapy is needed. As such, this request for physical therapy for the right hand twice week for three weeks is not medically necessary.