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| Case Number: | CM14-0166970 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 02/07/2002 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 17-year-old male, with a reported date of injury of 02-07-2002. The diagnoses include right wrist and hand sprain and contusion and right shoulder sprain with possible internal derangement. Treatments and evaluation to date have included Lidocaine patch, Tylenol, and Aleve. The diagnostic studies to date have not been included in the medical records. The progress report dated 09-22-2014 indicates that the right hand interfered with sleep and was bad enough for surgery. The injured worker complained of numbness and tingling sensation. He had right shoulder flare-up the previous week with an ache sensation. On 09-03-2014, the injured worker stated that he had increased numbness, pain, and swelling. He also noted that the pain interfered with sleep. The objective findings include positive Phalen's; positive Tinel's; positive thenar atrophy; a 1cm diameter nodule; pain and tenderness of the right subacromial bursa; and positive right impingement. The objective findings (09-03-2014) included a 1cm diameter nodule, positive Tinel's, and positive Phalen's. The treatment plan included physical therapy three times a week for six weeks. The injured worker has been instructed to remain off work. The request for authorization was dated 08-14-2014. The treating physician requested eighteen physical therapy sessions for the right wrist three times a week for six weeks. On 09-22-2015, Utilization Review (UR) non-certified the request for eighteen physical therapy sessions for the right wrist three 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:

18 Physical therapy for the right wrist, three times per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM [https://www.acoempraguides.org/Hand and Wrist](https://www.acoempraguides.org/Hand%20and%20Wrist); Table 2, Summary of Recommendations, Hand and Wrist Disorders.

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

Decision rationale: According to the guidelines, up to 8 sessions for surgery related to carpal tunnel. In this case, the claimant's timing of surgery and therapy was not defined. Inability to perform home exercises was not noted. The request for 18 sessions of physical therapy exceeds the guidelines recommendations and is not medically necessary.