

Case Number:	CM13-0000775		
Date Assigned:	02/26/2014	Date of Injury:	01/11/2013
Decision Date:	05/22/2014	UR Denial Date:	06/12/2013
Priority:	Standard	Application Received:	06/20/2013

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; Pain Management has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 01/11/2013. The listed diagnoses per [REDACTED] are: 1. Wrist fracture. 2. Median nerve laceration. According to report dated 05/31/2013, the patient presents 9½ weeks status post repair of right median nerve, right carpal tunnel release and scar revision. The patient reports her symptoms are slowly getting better. She has some improvement in the numbness in her right index and middle fingers. Her range of motion has improved and it is getting easier to do her everyday activities. She is no longer wearing her wrist brace. She rates her pain today at 2/10. It is noted that the patient is no longer taking Lyrica and Gabapentin as it made her feel depressed. She is currently participating in hand therapy. Utilization review is dated 06/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 3 TIMES A WEEK TIMES 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents 9½ weeks status post right wrist surgery. The treating physician is requesting additional 12 physical therapy sessions. Medical records indicate this patient received 12 physical therapies for the right hand with the last session ending on 05/30/2013. For carpal tunnel syndrome page 15, the MTUS Postsurgical Guidelines recommend 3 to 8 visits over 3 to 5 weeks. In this case, the patient has had ample therapy to the wrist and has shown improvement as indicated on the 05/31/2013 physical examination. Therefore, based on the evidenced reviewed the request for Additional Physical Therapy is not medically necessary.