

Case Number:	CM13-0025302		
Date Assigned:	12/11/2013	Date of Injury:	09/23/2011
Decision Date:	02/13/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Indiana, Michigan, Nebraska, and 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 physician 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 30-year-old female who reported a work related injury on 09/23/2011, the specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnoses, cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder myoligamentous injury, bilateral carpal tunnel syndrome, medication induced gastritis symptoms, and right de Quervain's syndrome. Upon physical examination of the patient's right upper extremity, 5-/5 motor strength was noted throughout. The provider, [REDACTED], documented the patient was to continue chiropractic treatments with physiotherapy modalities with [REDACTED] which the provider reports have been beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 4 additional visits, right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. Clinical notes failed to document the patient's duration, frequency, and specific efficacy of treatment with provider, [REDACTED], to the

right wrist. California MTUS indicates allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program would be indicated for any remaining deficits about the right wrist. Given all the above, the request for Physical Therapy four (4) additional visits with [REDACTED] (2x week for 2 weeks) to right wrist is not medically necessary or appropriate.