

Case Number:	CM13-0030948		
Date Assigned:	12/04/2013	Date of Injury:	07/26/2011
Decision Date:	02/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 claimant is a 42-year-old gentleman who was injured in a work-related accident on July 26, 2011. An August 26, 2013 report by treating physician [REDACTED] indicated subjective complaints of status post right carpal tunnel release and neck pain with radiculopathy. Physical examination showed negative Tinel sign at the carpal tunnel with tenderness to palpation over the paracervical region with restricted cervical range of motion. Recommendations at that time were for additional course of formal physical therapy for eight sessions for further treatment. The claimant has previously undergone a carpal tunnel procedure on January 25, 2013, and since time of injury has been certified for fourteen sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Records indicate fourteen sessions of therapy since time of operative intervention in January of 2013. Guideline criteria would only recommend the role of up to 3-8 sessions over 3-5 weeks. The amount of physical therapy already rendered coupled with the

claimant's timeframe from injury and lack of physical examination findings would fail to necessitate its need at present. The request is non-certified.