

Case Number:	CM13-0032072		
Date Assigned:	12/04/2013	Date of Injury:	04/08/2012
Decision Date:	02/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine and Rehabilitation, 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 patient is a 65-year-old female who reported a work-related injury on 4/8/12. She was diagnosed with left upper extremity and shoulder tendonitis, and right hand/wrist sprain. She is status post arthroscopic surgery of the left shoulder. The patient has undergone physical therapy treatments and chiropractic care. The patient's right wrist revealed tenderness at the carpal tunnel, and Tinel's signs and Phalen's test were positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for postoperative physical therapy for the right hand and 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): 98-99.

Decision rationale: The clinical documentation submitted for review stated the patient was a candidate for right carpal tunnel release followed by courses of physical therapy treatments, and within 6-8 weeks, she would require left carpal tunnel release. The procedure was not authorized; meanwhile the patient would continue to attend courses of physical therapy treatments. It was unclear how many physical therapy visits the patient has had to this date, and since the patient

was not authorized for carpal tunnel release surgery, the request for postoperative physical therapy for the right hand and wrist is non-certified.