

Case Number:	CM13-0035145		
Date Assigned:	12/13/2013	Date of Injury:	03/31/2009
Decision Date:	02/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported injury on 03/31/2009. The patient was noted to complain of wrist pain and examination of the right wrist was noted to reveal a reduced range of motion, and there was pain on flexion and extension. The patient was noted to have undergone a right ulnar nerve release at the elbow and right cubital tunnel release, as well as a right carpal tunnel release. The request was made for a urinalysis and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis, retrospective DOS 8/30/2013: 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 Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation of abuse, addiction, or poor pain control. Given the above and the lack of

documentation, as per California MTUS Guidelines, the request for Urinalysis, retrospective DOS 8/30/2013 is not medically necessary.

Physical therapy for right hand 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 & 18.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had reduced range of motion of the right wrist and pain on flexion and extension. However, there was a lack of documentation of the number of physical therapy visits the patient had participated in postoperatively. The surgical date was not provided to allow for application of postsurgical guidelines. There was a lack of documentation indicating the patient's functional benefit that was received from the therapy. Given the above, the request for Physical therapy for right hand 2 x 4 weeks is not medically necessary.