

Case Number:	CM13-0040169		
Date Assigned:	03/24/2014	Date of Injury:	09/24/2010
Decision Date:	06/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Neurology 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 man who sustained a work related injury on September 24 2010. Subsequently he developed chronic right wrist pain. According to a note dated on September 11 2013, the patient right wrist pain improved. His physical examination showed weakness of the right palmaris longus. Previously, the patient underwent right carpal tunnel endoscopic release. The provider requested authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY THREE (3) TIMES A WEEK FOR THREE (3) WEEKS FOR THE RIGHT WRIST: 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.

Decision rationale: California MTUS guidelines approved 3 to 8 sessions of physical therapy over 3 to 5 weeks after carpal tunnel release. In this patient, there is no documentation of the results of previous physical therapy sessions. There is no recent documentation of objective findings that support musculoskeletal dysfunction requiring 9 weeks of physical therapy.

Therefore hand therapy three (3) times a week for three (3) weeks for the right wrist is not medically necessary.