

Case Number:	CM13-0043923		
Date Assigned:	01/15/2014	Date of Injury:	08/29/2012
Decision Date:	03/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in 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 38-year-old female who reported an injury on 08/29/2012 due to cumulative trauma while performing normal job duties. The patient's treatment history included corticosteroid injection to the right wrist. The patient's most recent clinical examination findings included a positive Phalen's and Tinel's sign with diminished sensation in the index and middle finger. The patient's diagnoses included carpal tunnel syndrome of the right hand. A request was made for anti-inflammatory medications, electrodiagnostic studies, a wrist brace, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) physical therapy sessions for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 256-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter.

Decision rationale: The requested 12 physical therapy sessions for the right hand is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends patients be instructed in a home exercise program by a physical therapist. However, Official Disability Guidelines only recommend 1 to 3 visits to assist the patient in establishing a home exercise program. The requested 12 physical therapy visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 physical therapy sessions for the right hand is not medically necessary or appropriate.