

Case Number:	CM13-0051588		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2010
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopaedic Surgery, has a subspecialty in Hand Surgery 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 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 39-year-old male who reported an injury on 08/20/2010. The mechanism of injury was not specifically stated in the medical records. The patient is diagnosed with right carpal tunnel syndrome. His symptoms are noted to include right hand and wrist pain. His physical examination findings include decrease right grip strength and negative Tinel's and Phalen's signs. A recommendation was made for physical therapy 3 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE RIGHT HAND AND WRIST (3 TIMES PER WEEK FOR 3 WEEKS): 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), Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

Decision rationale: According to the California MTUS Guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks. The clinical information submitted for review indicates that the patient has current

functional deficits in the form of decreased grip strength in his right upper extremity. A recommendation was made for physical therapy 3 times a week for 3 weeks. However, the patient was noted to have been previously treated with physical therapy following his right carpal tunnel release and notes were provided for his visits on 09/10/2012, 09/19/2012, 09/21/2012, 09/25/2012, and 09/27/2012. His final notes indicate that the patient had made good progress with wrist mobility and grip strength; however, no measurable objective values were documented. In addition, the patient's initial postoperative physical therapy visit with objective values was not provided in order to establish functional gain. In the absence of evidence of objective functional gains made with previous physical therapy, additional visits are not supported. As such, the request is non-certified.