

Case Number:	CM13-0057005		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2013
Decision Date:	03/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a 50 year old female who injured her right hand on 6/25/13 when it was smashed between two laundry carts. According to the 10/4/13 chiropractic report, her diagnoses include right wrist/hand strain, contusion; right wrist carpal tunnel syndrome. The request was for chiropractic care and PT 2-3x/week. On 11/14/13, a Coventry UR modified the request for physiotherapy 2x6 to allow 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2xwk x6wks right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with right hand/wrist pain. There is no mention of complex regional pain syndrome or reflex sympathetic dystrophy syndrome in the medical records provided for review. The MTUS Chronic Pain Guidelines recommend 8-10 sessions of therapy for various myalgias and neuralgias. The request for 12 sessions of physiotherapy exceeds the MTUS Chronic Pain Guidelines' recommendations.

