

Case Number:	CM13-0067894		
Date Assigned:	01/03/2014	Date of Injury:	04/02/2012
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 46 year old female with a reported date of injury on 04/02/2012. The worker was injured while she was pulling on a box. A range of motion examination performed on 08/06/2013 to the left wrist revealed flexion was 165, extension was 30 degrees, abduction was 125 degrees, adduction was 30 degrees, internal rotation was 55 degrees, and external rotation was 50 degrees. A nerve conduction study and electromyography examination was performed on 10/25/2013 which reported left moderate compression of the median nerve at the carpal tunnel by electrodiagnostic criteria and no evidence of active cervical radiculopathy was noted in the bilateral upper extremities. A request for left carpal tunnel release dated 11/26/2013 was submitted with the medical records. The progress noted dated 12/17/2013 reported the injured worker complained of left wrist pain rated 8/10 radiating to the left finger with sharp pain and swelling to the wrist as well as left shoulder pain rated 8/10 radiating to left upper extremity. The diagnoses included Internal Derangement, left shoulder and TFCC Tear, left wrist. The injured worker had a positive Phalen's, positive Reverse Phalen's, positive Tinel's bilateral, positive Finklestein's left to the wrist. The request for authorization form for physical therapy x4 visits was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT WRIST
QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The request for physical therapy treatments 4 visits is not medically necessary. It was unclear if the injured worker underwent surgical intervention. The California Chronic Pain Medical Treatment guidelines recommend 8-10 visits of physical therapy over 4 weeks. There is a lack of documentation as to whether or not the injured worker underwent surgical intervention or prior physical therapy. The submitted request did not indicate the specific site for which the therapy was being requested. Therefore, the request is not medically necessary.