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| Case Number: | CM14-0000045 | | |
| Date Assigned: | 04/04/2014 | Date of Injury: | 11/15/2011 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 Occupational Medicine 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 43 year of female with a date of injury on 11/15/2011. The mechanism of injury is unknown. The patient underwent a carpal tunnel release on 08/08/2013 followed by 16 sessions of physical therapy and 6 visits of acupuncture. The progress note dated 11/26/2013 reported the patient was there for followup of upper extremity discomfort. She notes that she continues to have difficulty with pain in both arms and using her right hand. she completed a course of therapy and a course of acupuncture and did not feel that either of them helped. She has pain in her lateral elbows, her upper arms and her periscapular region. She is now complaining of pain in her back and neck a fell

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X PER WEEK X 4 WEEKS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient has already had the recommended amount of PT and acupuncture. She subjectively stated 'that neither helped tremendously". She should have been transitioned to Home-Based Exercises by now. Therefore, that deviation from the guidelines above is not warranted and that additional PT is not medically necessary.