

Case Number:	CM14-0002714		
Date Assigned:	02/21/2014	Date of Injury:	03/01/2011
Decision Date:	06/16/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 50-year-old female with wrist pain that started on March 1, 2011. The mechanism of injury is described as being secondary to the job duties as a seamstress. Previous treatments include six physical therapy visits, twelve acupuncture visits, right carpal tunnel release, twenty occupational therapy visits, and an MRI of the right forearm. The MRI demonstrated no evidence of de Quervain's tenosynovitis, the Nerve Conduction Study (EMG/NCV) showed any evidence of carpal tunnel syndrome or (fixed nerve syndrome) neuropraxia. The carpal tunnel surgery was completed on June 11, 2013 and post-operative physical therapy was completed in September 2013. On the progress note dated September 10, 2013 the clinician indicates that the claimant has achieved maximum medical improvement for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4 TO R WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of postoperative physical therapy following carpal tunnel release. Based on the clinical documentation provided, multiple therapeutic modalities have been attempted including twenty post-operative occupational therapy visits. As such, it is unclear what an additional twelve physical therapy visits could potentially provide for this individual. This request also significantly exceeds the guidelines given the other therapy that has been completed. As such, the request is not medically necessary.