

Case Number:	CM14-0100809		
Date Assigned:	07/30/2014	Date of Injury:	09/30/2009
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old female was reportedly injured on September 30, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of right wrist pain. No physical examination was performed on this date. Diagnostic nerve conduction studies of the upper extremities were normal. Previous treatment includes a right-sided radial styloid tendon release, physical therapy, use of a tens unit, and oral medications. A request had been made for physical therapy twice week for four weeks for the right hand and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 4 - Right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. E.

Decision rationale: A review of the attached medical record indicates that the injured employee has previously participated in 12 visits of physical therapy for the right wrist and hand. The California chronic pain medical treatment guidelines recommend 14 postsurgical visits for the injured employee's condition. This request is for an additional eight visits exceeding the recommended number of visits. Without additional justification, this request for physical therapy twice week for four weeks for the right hand is not medically necessary.