

Case Number:	CM14-0103446		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2011
Decision Date:	10/01/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/03/2014

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 61 year old female was reportedly injured on May 10, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated July 11, 2014, indicates that there are ongoing complaints of improving the home and wrist pain. There was still occasional catching of the right thumb. The physical examination demonstrated tenderness over the right thumb A1 pulley without triggering or locking. There was also slight tenderness over the flexor's of the right wrist. Diagnostic nerve conduction studies of the right upper extremity revealed mild carpal tunnel syndrome. Previous treatment includes a left sided carpal tunnel release, physical therapy, and steroid injections. A request was made for physical therapy two times a week for six weeks and was not certified in the preauthorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks QTY: 12: Upheld

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

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

Decision rationale: A review of the medical record does not contain any documentation regarding any objective benefits from prior physical therapy. Additionally, the physical examination dated July 11, 2014, does not reveal any strength or range of motion deficits nor was there any recurring triggering of the thumb. As such, request for physical therapy two times a week for six weeks is not medically necessary.