

Case Number:	CM14-0104203		
Date Assigned:	07/30/2014	Date of Injury:	10/01/2011
Decision Date:	10/21/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 61-year-old male who reported an injury on 10/01/2011. The mechanism of injury was not provided. On 07/11/2014, the injured worker presented with increased neck pain radiating to the right arm. The injured worker underwent a right carpal tunnel surgery and right cubital surgery on 01/16/2014. He also underwent a left carpal tunnel release on 03/19/2014. Prior medications included Norco. Diagnoses were chronic neck pain, right C5, C6, and C7 radiculopathy, mild bilateral carpal tunnel syndrome, chronic pain syndrome and cervical disc protrusion at C6-7 on MRI. Upon examination, the injured worker had a surgical scar on the right wrist and right elbow and left palm and wrist with full active range of motion at the right elbow. There was 5/5 strength and normal gait. The provider recommended physical therapy for the left hand. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O PT LT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for p/o pt long term hand is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy for up to 4 weeks. There is lack of documentation on the amount of physical therapy visits the injured worker underwent. There are no significant barriers to transitioning the injured worker to an independent home exercise program. There is lack of objective deficits upon physical examination related to the left hand. Therefore, the request is not medically necessary.