MAXIMUS Federal Services

Case Number:	CM14-0126762		
Date Assigned:	08/13/2014	Date of Injury:	02/16/2014
Decision Date:	09/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 underlying date of injury in this case is 02/16/2014. The mechanism of injury is that this patient felt pain down the right arm from the shoulder while working a cash register. On 05/13/2014, the patient was seen in primary treating physician follow-up by the patient's treating orthopedic surgeon. The patient was noted to have continued neck pain with radiation into the left hand as well as numbness in the right hand. The treating physician noted the patient had cervical spondylosis with left radicular symptoms, cervical sprain with pre-existing osteoarthritis, and a remote possibility of carpal tunnel syndrome. The treating physician noted the patient had significant pre-existing disease and radiculopathy and noted that it had been 6 or 7 years since past treatment. Thus, the treating physician felt that the patient currently had an aggravation of a prior condition. The treating physician recommended electrodiagnostic studies and then further follow-up. The electrodiagnostic study of 06/05/2014 showed chronic bilateral C5 radiculopathy and a moderate right median neuropathy at the wrist, mild left median neuropathy at the wrist and also bilateral ulnar neuropathies across the elbow. On 07/08/2014, the treating physician recommended authorization for carpal tunnel release. Currently, postoperative therapy is requested of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Post Surgical Treatment Guidelines states that if "postsurgical physical medicine is medically necessary an initial course of therapy may be prescribed. Such a prescription for therapy should include the proposed frequency and duration of treatment." At this time the medical record does not provide specificity as to the frequency and duration of proposed postoperative physical therapy. In this situation it is not possible to apply a guideline in support of this request. Therefore, this request is not medically necessary.