

Case Number:	CM14-0130230		
Date Assigned:	08/20/2014	Date of Injury:	10/18/2013
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic 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 claimant is a 48-year-old who was injured in a work related accident on 10/18/13. Clinical records provided for review include a progress report of 07/18/14 noting right hand numbness and tingling. The report documents treatment to date has included a significant course of hand physical therapy, massage techniques, acupuncture and work restrictions. Physical examination findings showed tenderness to palpation diffusely at the wrist, mildly diminished range of motion, positive Tinel's at the carpal tunnel and negative at the cubital tunnel. The claimant's working assessment was right upper extremity pain. The recommendation was made for electrodiagnostic studies to rule out carpal tunnel syndrome and referral for continued physical therapy for six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical / Occupational therapy sessions #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The medical records document that the claimant is now 11 months post injury and has already undergone a significant course of physical therapy for hand and upper extremity complaints. ACOEM Guidelines support education by a physical therapist for instruction in a home exercise program. The Chronic Pain Guidelines also recommend a short course of physical therapy for treatment of an acute flare of symptoms. At present, physical examination does not reveal any acute clinical findings. There is no documentation within the records provided for review to indicate that the claimant would not be capable of performing a home exercise program. Therefore, it is unclear why transition to a home exercise program would not occur at this time given the physical therapy that has already been rendered. Based on California ACOEM and Chronic Pain Medical Treatment Guidelines, the request for six additional sessions of physical therapy / occupational therapy cannot be recommended as medically necessary.