

Case Number:	CM14-0140905		
Date Assigned:	09/10/2014	Date of Injury:	05/11/2012
Decision Date:	11/05/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 45-year-old male who reported an injury on 05/14/2011. The mechanism of injury was not stated. The current diagnoses include sprain/strain of the elbow, carpal tunnel syndrome, lesion of the ulnar nerve, and pain in a joint of the forearm. The injured worker was evaluated on 07/11/2014. Physical examination revealed a clean and dry incision in the right upper extremity at the wrist and positive Tinel's testing at the medial elbow. Treatment recommendations at that time included continuation of the current medication regimen and physical therapy 3 times per week for 3 weeks. A Request for Authorization form was then submitted on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS (9): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal tunnel syndrome, physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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. There is no specific body part listed in the current request. Therefore, the request is not medically necessary and appropriate at this time.