

Case Number:	CM14-0185423		
Date Assigned:	11/13/2014	Date of Injury:	05/22/2014
Decision Date:	12/16/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 Geriatrics, and is licensed to practice in New York. 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 43 year old woman with a date of injury of 5/22/14. She was seen by her provider on 9/17/14 with complaints of bilateral wrist pain and depression/anxiety. She is status post a course of physical therapy in 6/14. Her exam showed decreased range of motion in both wrists with pain and tenderness on the dorsum of wrist and hands. Phalen's and Tinel's signs were positive and she had decreased sensation in both hands, right > left - C7 dermatome. Her diagnoses were carpal tunnel syndrome and major depression with anxiety symptoms. At issue in this review is the request for physical therapy - 8 sessions for the wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions for the Bilateral Wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for over two months as a modality and a

self-directed home exercise program should be in place. The records do not support the medical necessity for 8 physical therapy visits in this individual with chronic wrist pain.