

Case Number:	CM14-0022289		
Date Assigned:	05/09/2014	Date of Injury:	12/04/2001
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 female who reported an injury on 12/04/2001. The mechanism of injury was not provided for review. The injured worker's treatment history included right carpal tunnel release in 05/2013 followed by postoperative physical therapy. The injured worker was evaluated by a physical therapist on 02/13/2014. The injured worker's diagnoses included carpal tunnel syndrome of the right hand. It was noted that the injured worker had continued pain complaints of the right hand. Physical findings included restricted range of motion secondary to pain. A request was made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS TO BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 26-29.

Decision rationale: California Medical Treatment Utilization Schedule does recommend up to 8 visits of physical therapy for neuropathic pain which would be associated with carpal tunnel syndrome. However, the clinical documentation does indicate that the injured worker previously

underwent surgical intervention followed by postoperative physical therapy. California Medical Treatment Utilization Schedule recommends that injured workers participate in a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not identify that the injured worker is participating in a home exercise program. Therefore, a short course of therapy to include 1 to 2 visits would be indicated in this clinical situation to readdress a home exercise program. However, an additional 8 visits would be considered excessive. As such, the requested physical therapy 2 times a week for 4 weeks to the bilateral wrists is not medically necessary or appropriate.