

Case Number:	CM14-0024551		
Date Assigned:	06/11/2014	Date of Injury:	05/20/2009
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 38 year-old female injured on May 20, 2009. The mechanism of injury is noted as repetitive overuse, keyboarding and computer mouse operation. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints. The physical examination demonstrated a stenosing tenosynovitis of the right index finger, evidence of a carpal tunnel release on the left, a trigger thumb release on the left, and a right carpal tunnel surgery. Diagnostic imaging studies are referenced but not presented for review. Previous treatment includes the multiple surgical interventions, multiple medications, and physical therapy. A request had been made for physical therapy for the neck and bilateral shoulders and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS NECK AND BILATERAL SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When considering the date of injury, the injury sustained, the surgical interventions completed, the physical therapy already completed and the minimal findings noted

on the most current physical examination presented for review, there is insufficient clinical data presented to suggest the need for additional physical therapy at this time. All that would be warranted is a home exercise fitness and conditioning program. Accordingly, this is not medically necessary.