

<b>Case Number:</b>	CM14-0027217		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 55-year-old female was reportedly injured on March 15, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated January 10, 2014, indicates there are ongoing complaints of right hand pain and numbness and tingling in the right-hand. The physical examination demonstrated full range of motion of the right hand and the thumb with no clicking. There was a diagnosis of status post right hand carpal tunnel release, and a trigger finger doing well. A request was made for additional physical therapy for the right-hand and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY 2 X 4 RIGHT HAND: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Carpal Tunnel Syndrome (Acute & Chronic), Physical Therapy, Updated February 20, 2014.

**Decision rationale:** The most recent note in the attached medical record dated January 10, 2014, indicates the injured employee is doing well postoperatively and has full range of motion of the right-hand. Therefore it is unclear why additional physical therapy is needed. This request for additional physical therapy for the right-hand is not medically necessary.