

Case Number:	CM14-0044866		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2013
Decision Date:	08/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation 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 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 underlying date of injury in this case is 08/01/2013. The patient's treating diagnoses include bilateral carpal tunnel syndrome, bilateral extensor tendinitis of the hand, and ulnar neuropathy. The patient was seen in initial physician evaluation 03/19/2014 by a physiatrist assuming the patient's treatment. That physician documented a very detailed history and physical examination of the patient's injuries from repetitive activity. This physician opined that future medical treatment would require a review of MRI imaging in order to determine an appropriate treatment plan. Additional physical therapy was recommended in order to temporarily reduce the patient's cervical spine pain and to reduce shoulder pain. Hand therapy was recommended for the hands and wrists for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions for Hand Therapy on both hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Section on Physical Medicine, page 99, recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. The treatment guidelines thus anticipate that the patient would have transitioned to an independent home rehabilitation program by the time of this request. The records do not provide an alternate rationale as to why the patient instead would require additional supervised therapy. This request is not medically necessary.