

Case Number:	CM14-0056770		
Date Assigned:	07/09/2014	Date of Injury:	11/15/2011
Decision Date:	09/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on November 15, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of right hand weakness and cervical spine pain. No physical examination of the right wrist was performed. Diagnostic imaging studies of the cervical spine revealed a posterior disc herniation at C4-C5, C5-C6 and C6-C7. Previous treatment included a carpal tunnel release and 12 sessions of postoperative physical therapy. A request had been made for additional postoperative physical therapy for the right hand and wrist three times per week for four weeks and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional post operative physical therapy to the right hand and wrist three times per week over four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, 3 to 8 visits of physical therapy are recommended for postsurgical treatment for carpal tunnel syndrome surgery. According to the attached medical record, the injured employee has had 12 visits of postoperative physical therapy for the left wrist. Additionally, the most recent progress note, dated June 19, 2014, did not provide physical examination indicating that there is a need for additional therapy. Considering this, this request for additional postoperative physical therapy for the right hand and wrist three times a week for four weeks is not medically necessary.