

Case Number:	CM14-0059185		
Date Assigned:	07/09/2014	Date of Injury:	06/26/2010
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 injured worker is a 56-year-old female who was reportedly injured on June 26, 2010. The mechanism of injury was noted as lifting chicken skewers. A progress note, dated April 11, 2014, indicated a positive Tinel's test and Phalen's test of the right wrist as well as tenderness of the first dorsal compartment and the fourth and fifth digits. Diagnostic imaging studies of the cervical spine revealed multilevel degenerative changes at C4-C5, C5-C6 and C6-C7 with mild dural compression. A magnetic resonance image (MRI) of the right upper extremity showed partial tearing of the scapholunate interosseous ligament without widening of the corresponding interspace. Nerve conduction studies of the upper extremities indicated bilateral carpal tunnel syndrome. Previous treatment included a first dorsal compartment injection, a carpal tunnel injection, physical therapy and cervical traction. A request was made for seven visits of therapeutic exercise and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises x 7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation The Official Disability Guidelines, Treatment Index, 12th edition (web), 2014, Forearm, Wrist and Hand, Cold Packs; Forearm, Wrist and Hand, Continuous passive motion (CPM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: It is unclear what this request for therapeutic exercise times seven is indicating as no body part is mentioned. However, physical therapy for the cervical spine is suggested to be limited to one to two visits of physical therapy for education, counseling, and evaluation of home exercise. Considering this, the request for therapeutic exercises times seven is not medically necessary.