MAXIMUS Federal Services

Case Number:	CM14-0094080		
Date Assigned:	08/04/2014	Date of Injury:	04/27/2011
Decision Date:	10/06/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 59 year old male who sustained injury to his left wrist on 04/27/11. The mechanism of injury was not documented. Progress note dated 05/29/14 reported that the injured worker was status post left carpal tunnel release and awaiting the same procedure for the right wrist. The injured worker complained of swelling/pain in the left hand. Physical examination of the left hand noted normal range of motion; well healed surgical scar; tenderness over the palmar region. The injured worker was recommended to continue strengthening exercises and work conditioning, and continue use of Naprosyn. There was no imaging study provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2xwk X 3wks Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for post-operative physical therapy two times a week times three weeks for the left wrist is not medically necessary. Previous request was denied on the basis that the submitted clinical records did not specify the number of visits that the injured worker had completed to date. There were no objective findings elaborating on the functional

response to previously rendered therapy. Also, physical examination dated 05/29/14 already noted the injured worker to have near normal range of motion. Deficits regarding the motor strength that warrant continued supervised strengthening exercises were not noted. With the aforementioned issues, medical the request was not deemed as medically appropriate. The CAMTUS recommends three to eight visits over three to five weeks not to exceed treatment period of three months for the diagnosed injuries. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for post-operative physical therapy two times a week times three weeks for the left wrist is not indicated as medically necessary.