

Case Number:	CM14-0188592		
Date Assigned:	11/19/2014	Date of Injury:	03/24/2014
Decision Date:	01/07/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 36 year-old female who was injured on 3/24/14. She complains of sharp pain, tingling, and weakness of wrists. She also complained of lower leg pain, weakness, and numbness and tingling with impaired balance. On exam, she had decreased strength and range of motion of her wrists. A magnetic resonance imaging (MRI) of the left wrist showed carpal tunnel syndrome and an MRI of the right wrist showed a small septated cyst or ganglion. She was diagnosed with bilateral wrist sprains and carpal tunnel syndrome. Her treatment included 14 sessions of physical therapy, right wrist injection, and a home exercise program. Her medications included Norco, Naproxen, and Gabapentin. The current request is for additional physical therapy for both wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 weeks - Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed 14 sessions of physical therapy and was continuing a home exercise program. This already exceeded the recommended maximum for physical therapy. An additional eight sessions does not appear medically necessary. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program would be the next step at this time which the patient is already doing.