

Case Number:	CM14-0195395		
Date Assigned:	12/03/2014	Date of Injury:	10/12/2013
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

Claimant has a reported industrial injury to right shoulder, elbow and wrist on October 12th, 2013. Claimant is status post right carpal tunnel release August 2014 with 6 visits of postoperative therapy authorized. Physical therapy notes from 9/26/14 demonstrate good gains in wrist range of motion. Report states that there is significant weakness noted in the right dominant hand. Report states that 5 visits of therapy have been completed as of 9/26/14. Exam note 10/9/14 demonstrates decreased strength in the right hand compared to the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks to the right hand quantity of 8.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. From the submitted records there is insufficient documentation to support further postoperative visits. It is unclear from the exam note of

10/9/14 as to how many visits have been performed or why a home program cannot be performed. Therefore the request is not medically necessary.