

Case Number:	CM15-0081552		
Date Assigned:	05/04/2015	Date of Injury:	12/23/2012
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on December 23, 2012. She has reported right wrist and left lower extremity pain and has been diagnosed with carpal tunnel syndrome right wrist and DeQuervains syndrome right thumb. Treatment has included medication, modified work duty, and physical therapy. Currently the injured worker complains of severe right wrist and left lower extremity pain. The treatment request included physical therapy 2 x week x 5 weeks for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks (10 sessions), right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 several sessions of physical therapy and should be proficient at continuing

a home exercise program. Additional physical therapy does not appear medically necessary and would exceed the maximum recommended number of physical therapy sessions. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. Therefore, the request is considered not medically necessary.