

Case Number:	CM14-0104449		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2008
Decision Date:	10/07/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal Medicine 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:

The injured worker is a 54 year old female whose date of injury is 04/20/2008. Handwritten note dated 05/23/14 indicates that the injured worker complains of right wrist and hand pain. Tinel's and Phalen's are negative. It appears that the injured worker underwent carpal tunnel release on 04/22/14 on the right. The submitted records indicate that four sessions of physical therapy were authorized on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for eight physical therapy visits is not recommended as medically necessary. The submitted records indicate that the injured worker is status post right carpal tunnel release in April and has been authorized for four postoperative physical therapy visits to date. California Medical Treatment Utilization Schedule (MTUS) guidelines support up to eight sessions of physical therapy for the patient's

diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker's objective functional response to physical therapy completed to date is not documented.

Unknown Transportation to all medical appointments: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation (to & from appointments)

Decision rationale: Based on the clinical information provided, the request for unknown transportation to all medical appointments is not recommended as medically necessary. The Official Disability Guidelines (ODG) note that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. The submitted records fail to establish that the injured worker is incapable of driving herself to her appointments or that she does not have support and/or public transportation available to her.