

Case Number:	CM14-0146488		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2014
Decision Date:	10/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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:

This 49-year-old female oil field lease operator sustained an industrial injury on 3/1/14 relative to repetitive work duties. The patient underwent left carpal tunnel release surgery on 5/7/14. Records documented approval of 30 post-op therapy sessions since 5/14/14. The 8/26/14 treating physician progress report documented intermittent to constant grade 3/10 pain that was worse with driving. She was receiving therapy and felt the same since the last visit. Physical exam documented healed incision, full fist, good capillary refill, intact sensibility, and mild pillar tenderness. Grip strength was 80/75/75 pounds left and 45/45/45 right. The treatment plan recommended physical therapy 2x4 for strengthening. The patient was capable of modified work. The 9/5/14 utilization review denied the request for left wrist physical therapy as the 30 previously approved physical therapy/occupational therapy sessions had failed to resolve the cited complaints and findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Wrist, 2 times a week x 4 weeks, Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 3-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient has been approved for 30 post-op therapy visits with functional gains in strength documented. There is no overall improvement in symptoms documented in the past 30 days. Current strength grades are functional. There is no compelling reason to support the medical necessity of additional supervised treatment over an independent home exercise program for further rehabilitation. Therefore, this request is not medically necessary.