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| Case Number: | CM14-0146575 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 12/26/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/21/2014 |
| 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:

The claimant is a 46-year-old gentleman who was injured on 12/26/13. The medical records provided for review documented an underlying diagnosis of right radial tunnel syndrome with treatment to date that has been conservative. A 07/07/14 follow up report indicates slight improvement after a recent corticosteroid injection and course of physical therapy. It is documented that the claimant had attended twelve sessions of physical therapy as of that time with no documented significant benefit. Formal physical examination findings were noted to be "unchanged." The previous examination of 06/05/14 revealed no tenderness over the lateral epicondyle, but there was point tenderness over the radial tunnel and pain with resisted wrist extension and middle finger extension. A follow up report of 08/11/14 for the diagnosis of radial tunnel syndrome recommended twelve additional sessions of physical therapy for further conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Hand Therapy 2x6 Wks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the request for twelve additional sessions of hand therapy cannot be supported as medically necessary. The medical records document that the claimant has recently undergone a course of physical therapy of twelve sessions completed as of July, 2014, with only "slight improvement." There is no documentation in the office notes provided of acute clinical findings to support an additional twelve sessions of therapy. The Chronic Pain Guidelines support nine to ten sessions for myalgias or myositis. This number of sessions has already been exceeded by previous the physical therapy. Therefore, the request is not medically necessary.