

Case Number:	CM14-0148766		
Date Assigned:	09/18/2014	Date of Injury:	11/27/2010
Decision Date:	11/25/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 59 year old female with a date of injury on 11/27/2010. The injured worker had bilateral wrist injuries with a right sided carpal tunnel release procedure and trigger point injection. She has had physical therapy to both hands which she has found helpful in the past. There is a 6/14 note in which the injured worker's diagnoses include bilateral carpal tunnel but the injured worker's exam is essentially normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 6 visits for the bilateral wrists: Upheld

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

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

Decision rationale: The injured worker had a history of right sided carpal tunnel syndrome which was treated with surgery and physical therapy. The injured worker had been seen recently. She noted some pain at night and noted that physical therapy in the past had been helpful. The injured worker had similar complaints on the left side, although the injured worker never had the left side be surgically treated. Exam findings, however, were unremarkable and there were no

findings to suggest a need for a course of physical therapy. Mention was made of spending some of the physical therapy time to review a home exercise program. Thus, the data suggests that a few sessions of physical therapy might be helpful for that purpose. However, based on the data submitted, there is no indication for an additional 6 physical therapy sessions at this time to the bilateral wrists. The request is not medically necessary.