

Case Number:	CM14-0149926		
Date Assigned:	09/18/2014	Date of Injury:	07/14/2014
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 had an original date of injury of 1/14/2014. Diagnoses include bilateral wrist and shoulder tendonitis attributed to chronic and repetitive use. Evaluation has included imaging. Treatments have included anti-inflammatory medication, narcotic medication, lidocaine patches, braces and physical therapy. Surgery was recommended but has not been pursued. The request is for physiotherapy 2-3 x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2-3 x 6 to bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Physical Therapy

Decision rationale: ODG states that there is limited effectiveness of physical or occupational therapy for carpal tunnel syndrome. ODG guidelines allow for fading frequency of treatments with instruction in a home exercise program. Frequency for medical treatment is 1-3 visits of 3-5

weeks. In this case, the medical records indicate the claimant has already participated in six sessions of physical therapy. There is no documentation of any rationale for ongoing physical therapy and the additional requested session of Physical Therapy are not medically necessary.