

Case Number:	CM14-0161642		
Date Assigned:	10/07/2014	Date of Injury:	02/04/2013
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation 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 52-year-old female who reported an injury on 02/04/2014 due to an unspecified mechanism of injury. Her diagnoses include right wrist flexor accessories to include flexion and extension tendonitis and right wrist carpal tunnel syndrome. Her past treatments include a paraffin bath and Ibuprofen. On 08/29/14, the injured worker complained of her right wrist was at a pain level of 4-5/10. Upon physical examination on 08/29/14, the treating physician noted the right wrist to have a positive Tinel's test, a positive Phalen's test, and tenderness of the flexor and extensor tendons. Her treatment plan was for 8 Sessions of Physical Therapy to assist in increasing function, activities of daily living, and range of motion before attempting a course of injections. The Request for Authorization was submitted on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic)

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

Decision rationale: The request for 8 Sessions of Physical Therapy is not medically necessary. The injured worker was noted to have flexor and extensor tendonitis and carpal tunnel syndrome of the right wrist on 02/04/2014. The California MTUS Guidelines support up to 10 sessions of physical therapy to promote functional gains for patient with unspecified myalgia or unspecified neuritis. The injured worker was noted to have pain and tenderness of the right wrist, with objective findings suggestive of carpal tunnel syndrome. However, there was no evidence of objective functional deficits and there was no documentation showing decreased range of motion or motor strength related to the right wrist. Based on the lack of evidence providing measurable functional deficits, the request is not supported by the guidelines. As such, the request is not medically necessary.