

Case Number:	CM14-0161754		
Date Assigned:	10/07/2014	Date of Injury:	05/20/2014
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 58-year-old female who reported a work related injury on 05/20/2014. The mechanism of injury was not provided for review. The injured worker's diagnosis was noted to include carpal tunnel syndrome. The injured worker's past treatment was noted to include physical therapy and injections. Diagnostic studies include an EMG/NCV on 05/08/2014, which yielded normal results. It was noted that there was no electrodiagnostic evidence to support radiculopathy, plexopathy, myopathy, or peripheral neuropathic/nerve entrapment. Upon examination on 08/21/2014, the injured worker stated that physical therapy was helping and symptoms were better. Upon examination, it was noted that the left hand sensation was grossly intact to all fingertips. There was a negative Tinel's over the carpal tunnel. The injured worker's prescribed medications were not provided for review. The treatment plan noted that the injured worker was making gains with physical therapy. The plan was to continue with therapy and progress to a home exercise program. It was noted that the physician would reassess in 6 to 8 weeks and that the injured worker was on full duty. The rationale for the request was to progress to a home exercise program. The Request for Authorization form was submitted for review on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 physical therapy visits for the left upper arm and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (Acute & Chronic)

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

Decision rationale: An additional 12 physical therapy visits for the left upper arm and hand are not medically necessary. The Official Disability Guidelines recommend visits over 3 to 5 weeks for carpal tunnel syndrome. The injured worker was noted to have previously had physical therapy. However, the physical therapy sessions were not provided for review. Additionally, the medical records provided for review did not indicate that the injured worker had any residual functional deficits that could not be addressed through a home exercise program. As such, the request for additional physical therapy is not medically necessary.