

Case Number:	CM14-0181183		
Date Assigned:	11/05/2014	Date of Injury:	02/23/2012
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Surgeon, Hand Surgeon, and is licensed to practice in South Carolina & Tennessee. 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 40-year-old female who reported an injury on 02/23/2012 due to cumulative trauma. The physical examination on 10/15/2014 revealed complaints of almost completely resolved discomfort of the right hand. The injured worker had right carpal tunnel surgery on 07/23/2014. Objective findings were a healed incision over the right carpal tunnel. The diagnosis was status post release of right carpal tunnel. The injured worker was released to full duties in 09/2014. Medications were not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x3 week's right wrist (no frequency specified): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum

of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for the treatment of neuralgia, neuritis, and radiculitis. The previous physical therapy objective functional improvement was not reported. Also, the physical examination revealed that the injured worker's right hand pain had almost dissipated. There was no rationale submitted to support the decision for additional physical therapy x3 weeks for the right wrist. Therefore, this request is not medically necessary.