

Case Number:	CM14-0140155		
Date Assigned:	09/08/2014	Date of Injury:	02/01/2012
Decision Date:	01/02/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

This is a 56 years old female patient who sustained an injury on 2/1/2012. The current diagnosis includes left carpal tunnel syndrome. Per the note dated 8/13/14, she had complaints of wrist pain and numbness in her hand. Physical examination revealed tenderness and decreased range of motion in left wrist. The medication list includes ibuprofen. She has undergone right carpal tunnel release in 8/2013 and left carpal tunnel release on 4/29/2014. She has had electro-diagnostic study in 2009 which revealed carpal tunnel syndrome. She has had 12 post operative physical therapy visits for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x/Week for 6 Weeks Left Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for chronic pain. She has had 12 physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than

recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Additional Physical Therapy 2x/Week for 6 Weeks Left Hand/Wrist is not established for this patient at this time.