

Case Number:	CM14-0210739		
Date Assigned:	12/23/2014	Date of Injury:	04/08/2014
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 records indicate the patient the sustained a work related injury on April 8, 2014. Treatment includes modified duties, splinting and 12 sessions of physical therapy for the right wrist and hand. MRI of the right wrist dated July 7, 2014 revealed "5mm ganglion cyst within the dorsal aspect of the wrist adjacent to the distal portion of the capitate. Electrodiagnostic studies dated 7/8/14 revealed evidence of mild peripheral neuropathy. The attending physician report dated 9/3/2014 indicates the patient is not improving. His hands are cramping. He is getting uncontrollable shakes in the right arm. It is noted that the right tendinitis pain is minimal and there is no focal tenderness at the dorsal base of the fifth metatarsal. There is numbness/tingling in the right median hand and in an ulnar nerve distribution. He has shooting pain into the ring and little fingers. He was referred for physical therapy and a neurologist. He is working full duty. The 10/27/14 (121) treating physician report indicates the patient is 85% improved. Wrist flexion is to 70 degrees and extension is to 50 degrees. Grip strength and pinch grip have improved. MR arthrogram and neurology exam are pending. He continues to work full duty. Physical therapy notes indicate substantial improvement over the course of 12 sessions. The current diagnoses are: 1. A definitive diagnoses has not been made yet 2. Chronic wrist syndrome. The utilization review report dated 11/14/14 denied the request for Therapy 2 Times a Week for 4 Weeks for RTCTS based on exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Therapy 2 times a week for 4 weeks for RT CTS: Upheld

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

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

Decision rationale: The patient has mild ongoing pain and dysfunction in his right hand. The current request is for Continued Therapy 2 Times a Week for 4 Weeks for RT CTS. He has returned to work with full duty. The MTUS guidelines for physical medicine, pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The records indicate that the patient has completed 12 sessions of physical therapy and has responded well. The current request exceeds the MTUS guidelines. The patient should have been transitioned into a home exercise program. As such, the recommendation is for denial.