

Case Number:	CM14-0218634		
Date Assigned:	01/08/2015	Date of Injury:	12/27/2012
Decision Date:	03/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 54-year-old female who reported an injury on 12/27/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral carpal tunnel syndrome, status post carpal left tunnel release and left index trigger release, left knee sprain/strain, left knee tendinitis, lumbar spine degenerative disc disease, and lumbar spine myofascial sprain/strain. Past medical treatments consist of surgery, physical therapy, cortisone injections, and medication therapy. Medications include tramadol HCL ER 150 mg. The injured worker underwent x-rays of the hands bilateral and wrists bilateral which revealed no increase of osteoarthritis. On 12/10/2014, the injured worker complained of bilateral hand and wrist pain. It was noted that there was numbness and weakness in the left hand with swelling bilaterally. The injured worker rated the pain at a 7/10. No objective physical findings were documented in the progress note. Medical treatment plan is for the injured worker to continue with physical therapy 3 times a week for 4 weeks to decrease inflammation and build up strength for the left wrist. Request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist and hand, three times weekly for four weeks: 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 request for Physical therapy for the left wrist and hand, three times weekly for four weeks is not medically necessary. The California MTUS Guidelines state physical medicine 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 in soft tissue injuries. The guidelines recommend visits for myalgia and myositis in 8 to 10 visits may be warranted for the treatment of neuralgia, neuritis and radiculitis. The submitted documentation indicated that the injured worker had undergone physical therapy. However, there was no indication as to how many visits of physical therapy the injured worker had completed to date. Additionally, the progress note dated 12/10/2014 did not indicate any objective physical findings on examination. Given the above, the request cannot be substantiated. As such, the request is not medically necessary.