

Case Number:	CM15-0127824		
Date Assigned:	07/14/2015	Date of Injury:	09/23/2013
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on 9/23/2013. He reported injury to the left wrist, hand and fingers after a swinging door slammed into him. Diagnoses include left shoulder impingement, left wrist arthralgia, and possible cervical radiculopathy. Treatments to date include Norco, Ketoprofen, physical therapy, chiropractic treatments, acupuncture treatments, and therapeutic injections. Currently, he complained of ongoing left wrist pain with numbness and tingling into the left ring and small finger and weakness in the hand. On 6/8/15, the physical examination documented left first dorsal interosseous region atrophy and decreased sensation. The treating diagnoses included left wrist arthritis, ligament tear, possible cubital tunnel syndrome, TFCC tear per MRI, and carpal tunnel syndrome. The plan of care included physical therapy with nerve gliding twice a week for six weeks for left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with nerve gliding, 2 x 6 weeks, left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 29 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy with nerve gliding, 2 x 6 weeks, left upper extremity is not medically necessary.