

Case Number:	CM15-0046507		
Date Assigned:	03/18/2015	Date of Injury:	08/16/2013
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 47 year old male sustained an industrial injury on 8/16/13. He subsequently reported right wrist pain. Diagnoses include elbow tendonitis. Treatments to date include right carpal tunnel release on 10/4/14 and prescription pain medications. The injured worker continues to experience right wrist and elbow pain. A request for Physical therapy 2 times a week for 6 weeks for right wrist was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Physical therapy 2 times a week for 6 weeks for right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that up to 8 visits of therapy can be an option after carpal tunnel release. The MTUS states that there

is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). Although the documentation states that the patient has not had post op therapy since carpal tunnel release the request exceeds the recommended number of visits and is therefore not medically necessary.