

Case Number:	CM15-0077901		
Date Assigned:	04/29/2015	Date of Injury:	08/27/2013
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on 08/27/2013. The injured worker is currently diagnosed as having carpal tunnel syndrome of the right wrist and closed right radius distal fracture. Treatment and diagnostics to date has included physical therapy, right wrist surgery, and medications. In a progress note dated 03/10/2015, the injured worker stated improved motion and function and better sensation to the right hand than preoperatively. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks for the right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes

supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. The records in this case document compliance with physical therapy thus far and good progress with the sessions. The records document rationale for ongoing physical therapy. Physical therapy 3 x 4 for wrist is medically necessary.