

<b>Case Number:</b>	CM13-0001323		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	06/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54 year old male who was injured on 02/04/2013. Mechanism of injury is unknown. Prior treatment history has included 12 sessions of physical therapy. Relevant medications include: Over the counter ibuprofen and gabapentin. Diagnostic studies reviewed include EMG/NCV dated 05/06/2013, which showed mild carpal tunnel syndrome. PR-2 dated 06/07/2013 documented the patient stating he feels the same. He was seen in consult by [REDACTED] [REDACTED] who has recommended continued physical therapy. The patient still has pain on the inside of his elbows with occasional numbness and tingling, no weakness. He has numbness and tingling in bilateral hands. Objective findings on examination of bilateral elbows reveal mild tenderness to palpation and soft tissue swelling over medial epicondyle. No bruising or tenderness to lateral epicondyle and negative Tinel's at the left elbow. Has full range of motion. No pain on resisted flexion/extension of elbow. Bilateral wrists and hands with soft tissue swelling, no cyst or deformity.

### 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 3 WEEKS, FOR THE BILATERAL HANDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES>CARPAL TUNNEL SYNDROME CHAPTER.

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

**Decision rationale:** The CA MTUS guidelines recommend Physical Medicine as a modality of treatment that is important in reducing swelling, decreasing pain, and improving range of motion. The medical records document the patient was diagnosed with carpal tunnel syndrome and lateral epicondylitis. Documents show the patient received 12 sessions of PT with lack of significant improvement in pain or function. Medical records do not support additional physical therapy in excess of guideline recommendations. The patient should be able to transition to a home exercise program at this point. Medical necessity is not established.