

<b>Case Number:</b>	CM13-0021829		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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 37 year old female who reported an injury on 10/23/2008. The patient is complaining of pain to the wrist bilaterally, radiating up to the shoulders. The patient has decreased range of motion to bilaterally wrist with pain noted. The patient also has a positive Tinel's, positive Phalen's. The patient is diagnosed with carpal tunnel syndrome with release bilaterally. The plan for the patient is 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, bilateral wrists and hands, two (2) times a week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The request for physical therapy 2 times a week for 12 weeks is non-certified. The patient has a diagnosis of carpal tunnel syndrome with release noted in 2010. California MTUS guidelines note 8-10 visits for 4 weeks for Neuralgia diagnosis. The request for 24 visits exceeds the guidelines. The request for therapy is non-certified.