

<b>Case Number:</b>	CM13-0029677		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine 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 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 50 year-old female who reported an injury on 03/08/2010. The mechanism of injury was not provided in the medical records. Per the clinical note dated 07/22/2013, the patient complained of numbness and tingling in her median nerve distribution area to her right and left wrists. She had positive signs of carpal tunnel syndrome with positive median nerve compression test and a positive Phalen's test. The clinical note stated there was some mild diffuse tenderness to palpation around the patient's wrist. The clinical note reviewed the patient's EMG and NCS tests performed by [REDACTED] dated 05/21/2013, which revealed an entrapment neuropathy of the median nerve at the right wrist with mild slowing of the nerve conduction velocity consistent with carpal tunnel syndrome. There is no evidence of entrapment of the left median or bilateral ulnar nerves. There is no evidence of motor radiculopathy in the upper extremities; no evidence of distal peripheral neuropathy in the upper extremities. Diagnostic impression from clinical dated 07/22/2013 noted right wrist carpal tunnel syndrome in the setting of multifactor upper extremity pain. It is noted that the physician discussed with the patient the option for a carpal tunnel release surgery. The patient declined at that time and the doctor wrote her a prescription for Voltaren gel, which has been helpful for her in the past. The documentation provided does not include any surgical history. It does not include any medications, and it does not include any therapies or conservative care that has been provided to the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the neck (12 sessions):** Upheld

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

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

**Decision rationale:** The California MTUS recommends therapy. The guidelines state that passive therapy with active therapy can provide short term relief during the early phases of pain treatment. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical Medicine. For myalgia and myositis, unspecified, 9 to 10 visits over 8 weeks. California MTUS recommends therapy; guidelines state passive therapy with active therapy can provide short-term relief during the early phases of pain treatment. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical medicine guidelines allow for fading of treatment frequencies from up to 3 visits a week to 1 or less, plus active, self-directed home physical medicine. The documentation provided for review did not cover any objective or subjective complaints of neck pain. The documentation reviewed did not show any failed conservative treatment for the neck pains. Therefore, the request is non-certified.