

<b>Case Number:</b>	CM13-0030743		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/01/2006
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 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 48-year-old, male with a date of injury of 10/01/2006. The patient's diagnoses include release of carpal tunnel, ganglion decompression, ulnar nerve cubital and cervicalgia. According to [REDACTED] report, dated 08/05/2013, patient presents with a flare up of wrist and hand pain. Examination showed positive Tinel's sign and right carpal tunnel pain. There was pain at the wrist and forearm to palpation with decreased sensation at the right ulnar area. The treating physician requests 4 physical therapy sessions to address the patient's increase in pain and decline in function. The progress report dated 05/06/2013 states, patient presents with right shoulder pain, described as "intense pressure" with increase in pain with range of motion (ROM). Examination notes grip on right 4/5 with a decrease in sensation along right ulnar distribution and decreased ROM in left shoulder by 30%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x/week x 2 weeks Right Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Forearm, Wrist & Hand

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

**Decision rationale:** The employee has a long standing history of pain in the wrist and hand following an injury date of 10/01/2006. The employee has diagnoses including, release of carpal tunnel, ganglion excision, ulnar nerve cubital and cervicalgia. There were three reports in the medical file provided for review. Unfortunately, the reports do not have any operative dates or documentation on any prior treatments or the outcomes. The most recent report, dated 08/05/2013 indicates that the employee has a flare up of wrist and hand symptoms and the treating physician requests 4 physical therapy sessions to decrease pain and increase function. The 8/26/13 utilization review (UR) denial issued by Coventry is founded on the unanswered question of whether the employee has previously received physical therapy in association with the employee's surgery (i.e. post-op therapy) or in general for pain treatment associated with the employee's diagnoses. While the requesting provider failed to provide information on this question, the same can be said of the claims handler assigned to the employee's claim that is also a respondent to the independent medical review (IMR) process. Therefore, the information available compels me to conclude that no physical therapy has been rendered and the application of MTUS guidelines that allows 9-10 sessions of physical therapy for neuritis, and myositis is applicable for this employee. Recommendation is for authorization.