

<b>Case Number:</b>	CM13-0045070		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery 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:

This is a 53-year-old female who was injured in a work related accident on 10/29/10. Clinical records available for review indicate the claimant was status post bilateral carpal tunnel release procedures in October 2012 and in February 2013 on the left and right wrists respectively. At present, there was documentation of continued complaints of pain about the right upper extremity. An 11/25/13 assessment documented that there was continued radiating pain to the lateral aspect of the neck to the fourth and fifth digits, worse with grasping and overhead lifting. Treatment to date has included acupuncture, aquatic therapy, chiropractic measures and medications. There was also associated left hand numbness with activities with diminished range of motion and strength. Given the claimant's ongoing complaints, further physical therapy was recommended for eight additional sessions for the bilateral wrists and shoulders in the chronic setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 PHYSICAL THERAPY VISITS FOR THE BILATERAL WRISTS AND SHOULDERS WITH REEVALUATION BETWEEN 10/3/13 AND 11/17/13: 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): 98-99.

**Decision rationale:** Based on California MTUS chronic pain medical treatment guidelines, continued physical therapy in this case would not be indicated. Records indicate the claimant is greater than one year post the carpal tunnel release procedure. There was no indication of acute clinical findings or symptoms that would necessitate further formal physical therapy. It was documented that the claimant has already undergone a significant course of physical therapy since the time of surgery. Given the claimant's clinical presentation with no documented weakness or restricted motion to the wrists or shoulders the request for eight additional sessions of physical therapy are not medically necessary and appropriate.