

<b>Case Number:</b>	CM13-0058406		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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:

The claimant sustained an injury to the bilateral upper extremities in a work related accident on January 11, 2011. The medical records provided for review included a November 20, 2013 assessment documenting that the claimant was six years post industrial injury with continued complaints of pain and diagnosed with right wrist ganglion cyst and tendinosis to the bilateral upper extremities. The assessment documented that the claimant had undergone a significant course of physical therapy and surgery including a right sided carpal tunnel release in 2011 and a right second dorsal extensor compartment tenosynovectomy in March 2011. The claimant's physical examination demonstrated tenderness to palpation of the left elbow, pain with flexion and extension but no documentation of functional deficit. Hand and wrist examination on the left was documented to show mild edema and tenderness to palpation. The claimant's working diagnosis was bilateral upper extremity pain. The recommendation was made for continuation of formal physical therapy for twelve additional sessions for the "bilateral upper extremities".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR PHYSICAL THERAPY 2 X 6 BILATERAL UPPER EXTREMITY (BUE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, twelve additional sessions of physical therapy would not be indicated. The Chronic Pain Guidelines, while supporting physical therapy in the chronic setting, do so within limitations for the diagnosis of myalgias or myositis and would recommend the role of up to nine to ten sessions of isolated therapy, if an inflammatory flare is noted. Records in this case indicate that the claimant's symptoms at present to be "status quo" with a specific request of twelve visits of therapy that would exceed the Chronic Pain Guideline of nine to ten visits in any setting. The specific request at this time would not be supported by the Chronic Pain Guidelines.