

<b>Case Number:</b>	CM13-0069677		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 injured worker is a 51 year old female who was injured on 01/31/2013 of unknown mechanism. The current clinical note dated 11/22/2013, indicated the injured worker's diagnoses was carpal tunnel syndrome, elbow, forearm and wrist injection not elsewhere specified. The injured worker reported pain, soreness, numbness and tingling to both hands. On physical exam, the findings included swelling to bilateral hands and diminished sensation to the hands bilaterally. The tincl, phalen, and durkin tests were all positive. The request were for physical/hand therapy to bilateral hands, #8. The request for authorization was submitted on 11/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL/HAND THERAPY TO BILATERAL HANDS, #8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** The injured worker was diagnosed with carpal tunnel syndrome, elbow, forearm and wrist injection not elsewhere specified. The Chronic Pain Medical Treatment Guidelines indicate patients with neuralgia are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The amount of session is as follows 8-10 visits over 4 weeks. There is a lack of evidence in the records indicating that the injured worker has functional deficits in the bilateral hands to warrant 8 sessions of formal therapy. Therefore, based on guidelines and a review of the evidence, the request for Physical/Hand Therapy to Bilateral is not medically necessary.