

<b>Case Number:</b>	CM14-0004148		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	06/25/2004
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 is a 44-year-old female who was injured on June 25, 2004. Previous treatment measures have included physical therapy, pain medication, splinting, and NSAIDs. The progress note from December 11, 2013, documents that the claimant has been undergoing conservative therapy since 2004. The clinician previously requested authorization for operative intervention, but this request was denied secondary to lack of documentation of a trial of corticosteroid injections. The clinician states that "I do not like that procedure" as the steroid is not without sequela. Also, the patient is not want to have her "rest up with the needle." The physical examination documents continued pain numbness and tingling a positive Tinel's, positive Phalen's, and a positive carpal compression test. A diagnosis of right carpal tunnel syndrome and write de Quervain's tenosynovitis is given. The review in question was rendered on December 23, 2013. The reviewer notes the recent EMG was positive for carpal tunnel syndrome. The request is modified to 6 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (8 VISITS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE,.

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

**Decision rationale:** The MTUS supports the use of physical therapy in the management of chronic pain including radiculitis, neuritis, and neuralgia and recommends 8-10 visits over 4 weeks. Based on the clinical documentation provided, the claimant has been dealing with comparable issues for approximately 10 years. As such, the chronic pain guidelines apply. In this specific case given the duration of symptoms, the request is considered medically necessary.