

<b>Case Number:</b>	CM14-0004629		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and 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 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 patient is a 50 year old male with an injury date of 08/01/09. Based on the 11/16/13 progress report by [REDACTED] the patient complains of bilateral hand pain and numbness. The patient's diagnosis include the following bilateral moderate carpal tunnel syndrome status post-surgery on the left and right, bilateral ulnar neuritis at the elbow status post decompression and bilateral ulnar nerve entrapment Guyon's canal status post decompression on the left and right. [REDACTED] is requesting for physical therapy two times a week for four weeks. The utilization review determination being challenged is dated 12/06/13 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 02/08/13- 11/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO TIMES FOUR WKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the 11/16/13 report by [REDACTED], the patient presents with bilateral hand pain and numbness. The request is for physical therapy two times a week for four weeks. The 11/16/13 report states that the patient has had good progress with his physical therapy. Although California MTUS guidelines pages 98, 99 states that 9-10 visits are allowed for Myalgia and myositis over 8 weeks and 8-10 visits are allowed for Neuralgia, neuritis, and radiculitis, the prior physical therapy has not provided any benefit and there is no recent flare-up. California MTUS page 8 requires that the treater provides monitoring of the patient's progress and make appropriate treatment recommendation. In this case, no monitoring is provided regarding the patient's treatment history. There are no pain scales or ADL's provided in regards to the patient's improvement. Additional therapy cannot be considered without knowing how the patient has responded to therapy in the past and why it is being asked for now. Recommendation is for denial.