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| <b>Case Number:</b>   | CM14-0009791 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 02/10/2012 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2014 |

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old female who reported an injury on 02/10/2012. The mechanism of injury was not stated. Current diagnoses include carpal tunnel release, pain in a joint of the shoulder, neck pain, cervical brachial syndrome, sacrum disorders, and long term use of medications. The injured worker was evaluated on 01/07/2014. The injured worker reported bilateral upper extremity pain with weakness in the left hand. Previous conservative treatment includes physical therapy for the left hand. Physical examination revealed normal ambulation without assistance. Treatment recommendations included a referral for a right carpal tunnel release discuss and 12 sessions of physical therapy for the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT REFERRAL FOR RIGHT CARPAL TUNNEL RELEASE DISCUSSION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11 , PAGE 271

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no physical examination provided for review. There is no objective evidence of right carpal tunnel syndrome. There are no imaging studies or electrodiagnostic reports submitted for review. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical referral. Based on the clinical information received, the request is not medically necessary.

**PHYSICAL THERAPY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, PAGE 127

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can allievate discomfort. There was no physical examination provided on the requesting date. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit. There was no specific body part listed in the current request. As such, the request is not medically necessary.

**ELEVEN THERAPEUTIC EXERCISE SESSIONS TO BILATERAL EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 7, PAGE 127

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can allievate discomfort. The injured worker has been previously treated with physical therapy for the left upper extremity. However, there was no documentation of the previous course of treatment. There was also no physical examination provided on the requesting date. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.