

<b>Case Number:</b>	CM14-0108081		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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:

Medical records reflect an injured worker who sustained an injury on 10-5-19. The diagnosis includes lateral epicondylitis and joint pain in hand. The injured worker also has complaints of left ankle and foot pain as well as reported anxiety and depression. She had right carpal tunnel release in January 2014 with some relief and is awaiting authorization for left Carpal tunnel release surgery. The office visit dated 7-24-14 notes on examination noting that the injured worker had an ace bandage wrapped around her left ankle. She has bilateral mild hand tenderness on the right side and some on the left side. It was noted the injured worker had improved since her carpal tunnel release surgery and now awaiting for authorization for the left. The claimant was continued on medications. There was also a request for 16 behavioral, mood and pain management sessions with her psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week times six weeks for the left elbow and wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel chapter - Physical therapy.

**Decision rationale:** The medical records reflect an injured worker with bilateral hand complaints, who is pending left carpal tunnel release. The 7-24-14 office visit does not document findings of carpal tunnel syndrome, only mild bilateral hand tenderness. There is an absence in documentation noting the medical necessity for physical therapy 2 x 6 weeks for the left elbow and wrist. There is an absence in documentation noting that this claimant cannot perform a home exercise program. Therefore, the medical necessity of this request is not medically necessary.