

<b>Case Number:</b>	CM14-0110038		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Nevada. 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 30-year-old individual who was reportedly injured on 5/14/2012. The mechanism of injury was noted as cumulative/repetitive injury. The most recent progress note dated 4/17/2014, indicated that there were ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated cervical spine normal range of motion and negative compression test. Bilateral hands had positive Tinel's sign of the median nerve on the right wrist and negative on the left. Positive median nerve compression test bilaterally. Alter sensation to light touch generalized in both hands. No atrophy noted in the hands. Diagnostic imaging studies included an electromyogram, which was performed today and a left upper extremity nerve conduction study, which revealed normal. Previous treatment included medications and conservative treatment. A request was made for physical therapy 3 times a week times for 4 weeks #12 sessions and was not certified in the pre-authorization process on 6/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. After review of the guidelines as well as medical records provided, it was noted that the request for #12 sessions of physical therapy is excessive and as currently requested, is deemed not medically necessary.