

<b>Case Number:</b>	CM14-0123343		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 records presented for review indicate that this 43-year-old gentleman was reportedly injured on May 30, 2013. The mechanism of injury is noted as working on the computer all day. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of bilateral arm, shoulder, and hand pain. The physical examination demonstrated shoulder elevation to 150 bilaterally and there was a positive Neer's test and Hawkins test. There was tenderness over the lateral aspect of the right elbow and pain with right wrist extension. There was a positive bilateral Tinel's and Phalen's test at the wrist. Diagnostic nerve conduction studies showed mild bilateral carpal tunnel syndrome. Previous treatment includes the use of an elbow brace. A request had been made for physical therapy two times a week for three weeks for both hands, wrists, and elbows and was not certified in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 3 weeks for both hands and wrists and right elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome - Physical Therapy, Updated February 20, 2014.

**Decision rationale:** According to the Official Disability Guidelines 1 to 3 visits of physical therapy are recommended for treatment for carpal tunnel syndrome. Considering that this request is for a total of six visits, the request for physical therapy twice week for three weeks for both hands, wrists, and elbows is not medically necessary.