

<b>Case Number:</b>	CM14-0153575		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 41-year-old female with a date of injury of July 9, 2013. The IW states that on approximately July 9, 2013, she noted having pain in the left arm, elbow and wrist, which she attributed to the repetitive nature of her job duties and exacerbation of overcompensation. The repetitive duties included typing, writing, and shopping, as well as going to court. Nerve conduction studies of the upper extremities revealed carpal tunnel syndrome. A cortisone injection was administered in the left wrist, which provided pain relief for 1 to 2 weeks. Physical therapy was not provided. Acupuncture was prescribed, which provided no relief in pain. Pursuant to the progress note dated June 13, 2014, the IW complains of numbness in the right upper extremity and left hand with tingling sensation of both hands. The IW complained of sharp pain in the right and left elbow/forearm that radiates to the right wrist, which occurs 90% of the time. There are trigger points and tenderness in the right lateral forearm at the insertion wrist extensor muscles at the lateral elbow. There is decreased sensation in the right lateral and posterior forearm and left posterior forearm. There is weakness to grip bilaterally. The IW has been diagnosed with left carpal tunnel syndrome, s/p right carpal tunnel release; s/p left dorsal wrist ganglion excision. Pursuant to the progress note dated April 15, 2014 the documentation indicated that the IW has had 12 acupuncture visits to date. The record refers to the acupuncture as "physical therapy". The IW has trialed and failed non-steroidal anti-inflammatory medication and muscles relaxants. The provider recommends medications, physical therapy, and TENS unit.

### 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 6 Weeks (Bilateral Elbows/Wrist/Band): 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); Forearm, Wrist and Hand Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy two times per week for six weeks (bilateral elbows, wrists, hands) is not medically necessary. The guidelines state physical therapy for carpal tunnels syndrome is 1 to 3 visits over 3 to 5 weeks. Allow for fading of treatment frequency (from up to three visits or more per week to one or less), plus active self-directed home physical therapy. Follow-up visits should gauge functional improvement. In this case, it appears the injured worker received multiple acupuncture sessions ranging from April 11, 2014 through March 7, 2014. In a progress note dated April 15, 2014, the treating physician states physical therapy is the same as acupuncture. The medical record contains limited information as to the overall response to acupuncture/physical therapy in the date range above. Presently, the request is for physical therapy two times per week for six weeks to the elbows bilaterally, wrists and hands. It is unclear from the record what diagnosis is actually being addressed although carpal tunnel syndrome is the most likely. Additional diagnoses are lateral epicondylitis, peripheral neuropathy, and ganglion cyst bilateral. The guidelines state 1 to 3 visits over 3 to 5 weeks for carpal tunnel syndrome are indicated. The request is for two physical therapy sessions per week for six weeks. This is an excess of the recommended guidelines. The injured worker has received physical therapy/acupuncture (as noted above) and should be well-versed in an independent home exercise program. Consequently, there is insufficient documentation in the medical record that justifies medical necessity for additional physical therapy 2 times per week for six weeks. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy two times per week for six weeks (bilateral elbows, wrists, hands) is not medically necessary.