

<b>Case Number:</b>	CM14-0024430		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/07/2008
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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. 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 patient is a 49 year old male with a 09/07/2008 date of injury. The mechanism of injury is not provided. He is permanent and stationary. Primary diagnosis is carpal tunnel syndrome. The past medical treatment has included activity modification, medications, acupuncture, and physical therapy. According to the therapy treatment note dated 1/31/2014, the patient reported he had no improvement in symptoms, he still had no tolerance for activities of daily living, he had no improvement with the home exercise program or treatment. Physical therapy treatment with passive modalities and therapeutic exercises were rendered to the bilateral hands/wrists. The assessment is he is responding slowly, he has not responded well to conservative care. He is apprehensive about surgery due to prior failed surgery. The patient was seen for follow-up on 2/3/2014. He reports increased pain at the bilateral upper extremities, right side greater than left. There is no new numbness, tingling or weakness reported. He is not working. The physical examination of the bilateral upper extremities reveals no tenderness, 5/5 motor strength, no sensory deficits, 2/4 reflexes, normal coordination and pulses. Request is for additional physical therapy x 6 sessions for symptom care of a right wrist injury flare-up. He continues Biofreeze, Flector patch, and right wrist splint as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR BILATERAL UPPER EXTREMITY PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

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

**Decision rationale:** The 1/31/2014 report suggests that the patient presents with findings consistent with a flare-up of his right wrist injury. However, the physical examination is entirely unremarkable, all within normal limits. There is no evidence of an actual flare-up or functional deficit/significant pain condition present. In addition, the medical records document the patient did not respond well to prior physical therapy. On 1/31/2014 he reported he had no improvement with treatment. Given the absence of abnormal findings and apparent lack of benefit with prior physical therapy, additional physical therapy is not supported by the guidelines, and is not medically necessary.