

<b>Case Number:</b>	CM14-0025018		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Illinois. 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 47-year-old female who reported an injury on 02/17/2001. The physical therapy treatment note dated 02/04/2014 revealed the injured worker continued to have mild pain in the wrist and hand and continued to be mildly limited in her activities of daily living. The injured worker had a mild loss of strength with gripping and grasping in the left hand. It was indicated the injured worker's range of motion, pain, and sensation were unchanged since the last treatment. The documentation of 02/10/2014 revealed the injured worker underwent a left carpal tunnel release surgery in 09/2013 and had completed postoperative physical therapy. The injured worker indicated she had improvement with surgery and physical therapy; however, felt further physical therapy would continue to provide benefit since she still had hand weakness and pain. Diagnoses were carpal tunnel syndrome status post carpal tunnel release and myalgia and myositis NOS. The injured worker was noted to have decreased sensation to light touch and pinprick in the first 3 digits of the left upper extremity. The injured worker was noted to have decreased grip strength and shoulder abduction due to pain and a positive Phalen's test. The treatment plan included physical therapy 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 8 PHYSICAL THERAPY VISITS:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the prospective request for 8 physical therapy visits is not medically necessary.