

<b>Case Number:</b>	CM14-0031664		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 & 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 32 year old female who reported an injury on 09/02/2013 due to continuous trauma on 06/16/2014 the injured worker physical examination the injured worker state she had bilateral arm, shoulder and wrist began to hurt by over use. The follow up evaluation of constant 6/10 sharp pain, numbness and tingling that radiates from bilateral shoulder, down to arms and wrists bilaterally. After the injured worker had an electromyogram (date note given) she was diagnosed with carpal tunnel syndrome bilaterally however she declined surgery at that time she requesting to continue with physical therapy. The injured worker has also been wearing her wrist braces at work and is helpful in alleviating her pain. Diagnosis Carpal tunnel syndrome (bilaterally), wrist pain (bilaterally) and radiculitis (bilateral). Medication Tylenol 500mg one (1) tablet by mouth every 12 hours as needed for pain # 30. The injured worker had received physical therapy from November, 2013 to February, 2014 with the diagnosis for bilateral carpal tunnel syndrome and myofascial strain for, two times a week for four weeks .Documentation on 01/03/2014 indicated persistency of symptoms and tenderness and restricted range of movements in the hand areas. The request for additional therapy the injured worker had returned to work from 11/22/2013 until 12/13/2013 with limited restriction of 10-15 minute breaks every hour in job permits limit duty. On followup 01/03/2014 states since the last exam, the injured worker condition had not improved the requested Physical Therapy two times weekly for six weeks to bilateral hands and wrist. The rational for authorization was not provided by dates for which the injured physical therapy was from November 2013 to February 2014 on visit 01/03/2014 the injured worker was still doing physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy two times week for six weeks to bilateral hands and wrist.:**

Upheld

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

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

**Decision rationale:** The request for additional physical therapy for two times a week times six weeks to bilateral hands and wrists is not medically necessary. The injured worker had not completed the physical therapy allotted in November 2013 to February 2014 and on 01/03/2014 visit indicated persistency of syndrome and tenderness and restricted range of movement in the hands area and that there is little improvement in pain bilaterally. The injured worker evaluation of pain as a 2/10 sharp, numbing and tingling that radiates from bilateral shoulders down to arms and wrists. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend up to 12 sessions of physical therapy. The injured worker would have exceeded the guidelines with these 32 sessions, with little relief. Therefore the request for additional physical therapy is not medically necessary and appropriate.