

<b>Case Number:</b>	CM14-0038811		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Pain Medicine , and is licensed to practice in Ohio and 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 injured worker is a 49-year-old female who reported an injury on 11/30/2010, caused by using her scooter to repetitively lift boxes while in a sitting position. The injured worker had a history of bilateral pain and swelling to both hands, extending to her shoulders. The injured worker was diagnosed with carpal tunnel syndrome, and sprain/strain of the thoracic region. The prior surgery was a status post carpal tunnel release with small residuals of unknown date. The medication included Norco 10 and naproxen with no pain scale given. The MRI dated 11/12/2013 with no results provided. Unknown past treatments. The injured worker had a urinalysis completed on 03/24/2007 that revealed not detected for any hydrocodone. Objective findings dated 01/27/2014 revealed left upper extremity with a positive Finkelstein's and right upper extremity positive Finkelstein's. The treatment plan included the injured worker was able to return to work with modifications. The Request for Authorization dated 06/27/2014 was submitted within the documentation. The rationale for the physical therapy for bilateral hands was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three times a week times 3 weeks to the bilateral hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Physical therapy 3 times a week for 3 weeks to the bilateral hands is non-certified. The California MTUS indicate that passive therapy that can provide a short-term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control the swelling, the pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Active range of motion requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, or tactical instructions. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvements levels. The home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in chronic regional pain syndrome. The physical medicine guidelines indicate myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. Per the documentation provided, there was not enough documentation provided for the reviewer to make a determination if this was in the early phases of pain treatment. The injured worker was prescribed Norco for the pain; however, the urinalysis showed that it was negative. Furthermore, no documentation on the effectiveness of the medication was provided. As, such the request for physical therapy is not medically necessary.