

<b>Case Number:</b>	CM14-0074150		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 55-year-old female who reported an injury on 11/16/2012. The mechanism of injury was not provided within the documentation submitted for review. Her relevant diagnoses were noted to be status post right DeQuervain's release; bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome; right forearm tendinitis; and right radial tunnel syndrome. On a clinical visit dated 06/24/2014, the injured worker had subjective complaints of intermittent pain and numbness in her arms. The objective findings included positive Tinel's sign at the cubital tunnels bilaterally. Elbow flexion test was positive on the right and negative on the left. The Tinel's sign was positive at the left carpal tunnel and negative on the right. The Phalen test was positive bilaterally. There was mild stiffness in the right wrist with some pain. Grip strength was diminished. It was noted that the injured worker used nonsteroidal anti-inflammatory medications for chronic pain and inflammation as well as a proton pump inhibitor. Prior treatments were noted to be occupational therapy. The treatment plan indicated continuing a home exercise program and medications. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was submitted and dated 04/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Postoperative Physical Therapy times twelve (12) to the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy 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, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self directed home physical medicine. The injured worker had a surgical procedure on 01/06/2014. The postsurgical physical medicine treatment period is 6 months. The most recent clinical note provided for review does not indicate the injured worker with objective functional limitations. The documentation submitted for review indicates the injured worker with use of a self directed home physical medicine program. Therefore, the request for additional postoperative physical therapy times 12 to the right wrist is not medically necessary.