

<b>Case Number:</b>	CM14-0194145		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

52-year-old injured worker with a reported industrial injury of December 7, 2012. The patient is status post a left carpal tunnel release, radial syndrome release performed on February 8, 2014. Of note the patient has completed 20 physical therapy visits to date. Exam note October 7, 2014 demonstrates complaints of left hand and arm pain as well as associated weakness. There is tenderness noted over the lateral epicondylar region. Request is made for further physical therapy to the affected extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Occupational Therapy 3 x week for 4 week for left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** California MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis,

unspecified (ICD9 729.2)8-10 visits over 4 weeks. The patient has completed 20 visits of physical therapy to the left upper extremity for a carpal tunnel release and radial tunnel release. There is insufficient evidence why a home program cannot be performed at this time. In addition as the requested physical therapy exceeds the recommendation for non-surgical musculoskeletal conditions, the requested treatment is not medically necessary and appropriate.