

<b>Case Number:</b>	CM14-0197547		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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, has a subspecialty in Pain Management 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:

he injured worker is a 44 year-old female with an original date of injury on 9/25/2013. The mechanism of injury is repetitive trauma to the wrist and hand due to excessive filing and data entry while working as a secretary. The industrially related diagnoses are left ulnar neuropathy and right cubital tunnel syndrome. An x-ray of the right wrist dated on 10/23/2013 showed no bony abnormalities. An electromyogram / nerve conduction study revealed mild ulnar neuropathy on the left and no other abnormalities. The patient has undergone anterior subcutaneous transposition of the left ulnar nerve and fasciectomy of the left flexor capi ulnaris muscle on 4/11/2014. Subsequently, she underwent right ulnar nerve transposition and fasciectomy of the right flexor capi ulnaris muscle on 6/6/2014. The patient has had 24 visits of physical therapy with benefit. The patient was also using medications, activity modification, elbow brace, and night splints. The disputed issue is the request for additional physical therapy to bilateral upper extremities of 8 sessions. A utilization review dated 10/30/2014 has non-certified this request. The stated rationale for denial was the patient has received prior physical therapy sessions without sustained gains and no documentation of functional improvement. There are no barriers to the patient participating in a home exercise program. Therefore, this request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, twice weekly, bilateral upper extremities, qty: 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 8-22.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more than one specific criterion for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has undergone 24 sessions of physical therapy with specific objective improvement noted by the physical therapist. There is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In addition, the request exceeds the amount of physical therapy recommended by the CA MTUS which is 20 visits over 10 weeks for postsurgical ulnar nerve entrapment cases. In the absence of such documentation, the current request for physical therapy is not medically necessary.