

<b>Case Number:</b>	CM14-0202369		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34-year-old female who reported an injury on 10/19/2012. The mechanism of injury was noted as repetitive activities at work. Her diagnosis was noted as carpal tunnel syndrome. Her past treatments were noted to include hand therapy, work modification, kinesio tape, rest, and injections. Her diagnostic studies and surgical history were not provided. During the assessment on 11/04/2014, the injured worker complained of pain in both arms. The physical examination revealed kinesio tape on both wrists and forearms. There was pain with full forearm supination on the right. There was tenderness along the flexor surface and palmar wrist on the right. There was tenderness noted on the left medial and lateral elbows as well as the medial epicondyle bilaterally. Her grip strength using the Jamar dynamometer in pounds revealed right of 20 pounds and left of 30 pounds. There was pain with Phalen's test bilaterally and pain with Tinel's test on the left. There were no medications provided. The treatment plan was to continue therapy and work modification. The rationale for the request was not provided. The Request for Authorization form was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Sessions of Hand Therapy:** Upheld

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

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

**Decision rationale:** The request for 8 additional sessions of hand therapy is not medically necessary. The California MTUS Guidelines note 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. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for additional therapy. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits or if there were any functional improvements made. Additionally, the number of completed therapy visits was not provided, making it difficult to determine if the request exceeds the guideline recommendations. Given the above, the request for 8 additional sessions of hand therapy is not medically necessary.