

Case Number:	CM15-0107689		
Date Assigned:	06/12/2015	Date of Injury:	03/21/2014
Decision Date:	07/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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

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:

This 26 year old woman sustained an industrial injury on 3/21/2014. The mechanism of injury is not detailed. Diagnoses include radial nerve irritation of the bilateral forearms. Treatment has included oral medications. Physician notes dated 4/20/2015 show complaints of continued aching to the bilateral forearms. Recommendations include modified work duty, activity modifications, hand therapy, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2 times a week for 6 weeks for 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): 98-99.

Decision rationale: The patient presents with bilateral upper extremity pain. The request is for **HAND THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE BILATERAL HANDS**. The request for authorization is not provided. EMG of the upper extremities, 02/20/15, shows

evidence consistent with a mild carpal tunnel syndrome. Physical examination reveals ongoing tenderness over the proximal dorsoradial forearm over the radial tunnels bilaterally. There is minimal 2nd dorsal compartment tenderness. Positive for stiffness and joint pain. The patient reports ongoing aching in both forearms. She denies any significant numbness or tingling. Per progress report dated 04/20/15, the patient is returned to modified duty. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, review of treatment history shows the patient has previously attended 6 authorized visits of physical therapy. The request for 12 additional sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.