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| <b>Case Number:</b>   | CM15-0138484 |                              |            |
| <b>Date Assigned:</b> | 07/28/2015   | <b>Date of Injury:</b>       | 02/12/2013 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 07/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 (IW) is a 42-year-old male who sustained an industrial injury on 02/12/2013. The initial mechanism and report of injury is not found in the records reviewed. The injured worker was diagnosed as having: Non-traumatic muscle rupture. Observation and evaluation for suspected conditions not elsewhere classified. Derangement of joint not otherwise specified of upper arm. Treatment to date has included medications and testing. He had an electromyogram/nerve conduction testing of the bilateral upper extremities. Currently, the injured worker is seen for evaluation. He continues with numbness and tingling in the left hand with decreased grip. Current medications include Omeprazole, and Celebrex. The plan of care is for awaiting approval for a carpal tunnel release, and to prescribe medications as needed for pain. A request for authorization was made for the following: Additional Physical Therapy 2x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** Additional Physical Therapy 2x3 is not medically necessary per the MTUS Guidelines. Per documentation the patient is status post carpal tunnel release on 7/1/15 and had an initial 8 sessions of PT authorized. The MTUS recommends up to 8 visits post-operatively for this surgery. An additional 6 could not be considered without evaluation of the outcome of the initial 8 PT visits and any extenuating circumstances that may necessitate further therapy. Therefore, this request is not medically necessary.