

<b>Case Number:</b>	CM15-0160991		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Family Practice

### 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 55 year old female, who sustained an industrial injury on 1-27-2011. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include bilateral forearm tendinitis, bilateral carpal tunnel syndrome, left ring finger tenosynovitis, status post right long trigger finger release, status post bilateral carpal tunnel release, and status post left shoulder arthroscopy. Treatments to date include activity modification, anti-inflammatory, topical gel, cortisone injection, and physical therapy. Currently, she reports improvement in pain and mobility with therapy. On 6-30-15, the physical examination documented stiffness and tenderness over the scar without evidence of infection. There was bilateral epicondylar tenderness and left trapezial tenderness. The plan of care included additional for occupational therapy-physical therapy to the upper extremities, twice a week for six weeks. The appeal requested post-operative physical therapy to the upper extremities for ten sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Post-operative Physical Therapy to the upper extremities 2 times a week for 6 weeks:** 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:** This patient receives treatment for chronic pain involving the left upper extremity. This relates back to an industrial injury claim dated 01/27/2011. This review addressed a request for 12 additional post-operative PT sessions. The patient's diagnoses include bilateral forearm tendinitis, surgery for bilateral CTS, surgery for R middle finger trigger finger release, and L shoulder arthroscopy. On exam, there is tenderness over both epicondyles and L trapezius region. The patient has already received 10 post-operative PT sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries or any new post-operative conditions that would require more physical therapy at this time. Twelve additional physical therapy sessions are not medically necessary.