

<b>Case Number:</b>	CM15-0026537		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female injured worker suffered an industrial injury on 4/20/2010. The diagnoses were bilateral carpal tunnel syndrome, chronic cervical strain, and bilateral ulnar neuritis. The treatments were bilateral carpal tunnel release and physical therapy. The treating provider reported the wrists were worse since last visit with complaints of constant, severe pain and numbness in the fingers. The requested treatments were sessions of Physical Therapy 2x week for 6 weeks to the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy 2x week for 6 weeks to the bilateral wrists:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Physical medicine treatment.

**Decision rationale:** The injured worker sustained a work related injury on 4/20/2010. The medical records provided indicate the diagnosis of bilateral carpal tunnel syndrome, chronic cervical strain, and bilateral ulnar neuritis. The treatments were bilateral carpal tunnel release and physical therapy. The medical records provided for review do not indicate a medical necessity for 12 sessions of Physical Therapy 2x week for 6 weeks to the bilateral wrists. The requested number of visits exceeds guidelines recommendations. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. The Official Disability Guidelines recommends 1-3 visits over 3-5 weeks for the medical treatment of carpal tunnel syndrome.