

<b>Case Number:</b>	CM15-0029809		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: 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 52 year old male who sustained an industrial injury on 10/9/10. He is currently experiencing continued bilateral shoulder pain, weakness and stiffness. He has completed 12 physical therapy sessions. Diagnoses include status post carpal tunnel syndrome; symptomatic left carpal tunnel syndrome; bilateral shoulder impingement; status post right elbow epicondylitis. Treatments to date include physical therapy. There were no physical therapy progress notes available for review. In the progress note dated 2/17/15 the treating provider notes 12 more physical therapy sessions for strengthening program. On 2/13/15 Utilization review non-certified the request for continued physical therapy twice per week for 6 weeks to the right hand/ wrist citing MTUS: Chronic pain Medical treatment Guidelines: Physical Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 2 x 6 for right hand / wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 07/18/2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The patient presents with weakness in the right hand. The request is for continued physical therapy 2 x 6 for right hand/wrist. Patient is status post right carpal tunnel release, date unspecified. Physical examination on 02/17/15 to the right hand revealed well-healed sutures. Phalen test was positive on the left and negative on the right. Patient has completed 12 sessions of physical therapy. Per 02/17/15 progress report, patient's diagnosis include status post right carpal tunnel release, symptomatic, left carpal tunnel syndrome, bilateral shoulder impingement and status post right elbow epicondylitis. Patient is unable to work. MTUS Guidelines, page 16, recommend post-records surgical treatment of 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical physical medicine treatment period is 3 months. In this case, only one progress report was provided. Patient is status post right carpal tunnel release surgery. However, treater has not provided the date of the surgery and it cannot be determined whether the patient is within post operative time frame or not. Furthermore, patient has already completed 12 sessions of physical therapy. Additionally, treater has not discussed why patient cannot move on to home exercise program. The requested 12 sessions exceeds what is allowed per MTUS and therefore, it IS NOT medically necessary.