

<b>Case Number:</b>	CM15-0210248		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 33 year old female, who sustained an industrial injury on April 9, 2013. The injured worker was currently diagnosed as having neck pain, sprain and strain of shoulder and upper arm and carpal tunnel syndrome. On September 21, 2015, the injured worker complained of bilateral hand numbness and tingling along with pain to the bilateral elbows. She was noted to have completed 16 out of 18 physical therapy sessions for her hand and 12 sessions of physical therapy to treat her right arm. Notes stated, "Failed conservative treatment with physical therapy." She had bilateral nocturnal wrist splints available and an appointment with hand surgery. She was noted to be tolerating modified duties. NCS-EMG studies revealed right carpal tunnel syndrome and normal left arm studies. The treatment plan included medications, continuation of bilateral wrist splints and bilateral brace complete physical therapy to treat the left hand and referral for physical therapy six sessions to treat bilateral arms. On September 30, 2015, utilization review denied a request for physical therapy two times a week for three weeks to treat the bilateral arms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x a week for 3 weeks, 6 sessions to treat the bilateral arms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter and Forearm, Wrist & Hand Chapter: Physical Therapy Guidelines, Physical Occupational Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, physical therapy Forearm, wrists and hands, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks (six sessions) to the bilateral arms is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are neck pain; shoulder and upper arm strain sprain; and carpal tunnel syndrome. Date of injury is April 9, 2013. Request for authorization is September 23, 2015 (receipt date). According to a September 21, 2015 progress note, the injured worker failed conservative treatment with physical therapy. MRI showed mild degenerative changes at the cervical spine. MRI right shoulder showed no specific injury. Care was transferred to the occupational health clinic for right carpal tunnel syndrome and right myofascial complaints. EMG/NCS of the left upper extremity was normal. The injured worker completed 16 of 18 physical therapy sessions for the hands. The worker wears nocturnal wrist splints. Objectively, the physical examination stated alert, oriented, no acute distress, seated in an exam chair with no notable discomfort. There were no other physical findings noted. There was no musculoskeletal examination of the shoulder, cervical spine, wrist forearm or hand. X-rays and MRIs were reviewed. The treatment plan contained a request for physical therapy two times per week times three weeks (six sessions) to treat the bilateral arms. There is no specificity in the request (upper arm versus elbow versus forearm versus wrist). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating completion of 16/18 physical therapy sessions, no documentation with a physical examination of the cervical spine and or upper extremities, normal EMG/NCS electrodiagnostic studies, no clinical rationale for additional physical therapy (upper arms), no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines (medical treatment 1-3 sessions over three - five weeks) is clinically indicated, physical therapy two times per week times three weeks (six sessions) to the bilateral arms is not medically necessary.