

<b>Case Number:</b>	CM15-0044409		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 female injured worker suffered an industrial injury on 10/15/2010. The diagnoses were overuse syndrome of the bilateral upper extremities, paresthetic symptoms of the upper extremity, moderate bilateral median nerve compression. The diagnostic study was electromyography. The treatments were cervical fusion and medications. The treating provider reported cervical spine, bilateral wrist and left upper extremity pain as well as weakness along with functions deficits. The requested treatment was Physical therapy, bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy bilateral hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy bilateral hands is not medically necessary per the MTUS Guidelines. The guidelines recommend up to 10 visits for myalgia and up to 10 visits for neuritis.

The request as written does not specify a quantity. Furthermore, it is not clear how much prior hand therapy the patient has had. The request for physical therapy bilateral hands is not medically necessary.