

<b>Case Number:</b>	CM15-0057946		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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

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 36 year old female, who sustained an industrial injury on 08/20/2014. She developed pain in her bilateral wrist with numbness and tingling. According to a progress report dated 01/28/2015, the injured worker complained of numbness and tingling in the 4th and 5th fingers. The injured worker had completed 6 sessions of physical therapy without resolution of symptomatology but improvement. According to the provider, clinical findings were positive for carpal tunnel. Treatment plan included 6 more sessions of physical therapy. According to a progress report dated 02/25/2015 the treatment plan included: proceed to the electromyography /nerve conduction velocity studies and hold physical therapy until the electromyography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy sessions x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpel tunnel syndrome.

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

**Decision rationale:** The patient presents on 01/28/15 with numbness and tingling in the 4th and 5th fingers bilaterally. The patient's date of injury is 08/20/14. Patient has no documented surgical history directed at this complaint. The request is for Continued Physical Therapy Sessions x6. The RFA is dated 01/29/15. Physical examination dated 01/28/15 reveals elicitation of numbness and tingling in the 4th and 5th fingers after 15 seconds of flexion of the bilateral wrists. No other positive physical findings are included. The patient is currently prescribed Ibuprofen. Diagnostic imaging was not included. Patient is currently working. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 6 additional sessions of physical therapy for this patient's continuing wrist complaint, the provider has exceeded guideline recommendations. Progress note dated 01/28/15 states: "completed 6 sessions to date without resolution of symptomology, but improvement." The same progress note requests an additional 6 sessions of physical therapy directed at this patient's wrist complaint. MTUS guidelines support 8-10 visits for complaints of this nature; the requested 6 sessions in addition to the 6 already completed exceeds guideline recommendations. No rationale is provided as to why this patient is unable to transition to a home-based physical therapy regimen, either. Therefore, the request is not medically necessary.