

<b>Case Number:</b>	CM15-0082511		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial injury on 01/30/2013. The injured worker is currently diagnosed as having right hand severe median neuropathy and right hand severe ulnar neuropathy. Treatment and diagnostics to date has included right elbow surgery, electrodiagnostic studies, and medications. In a progress note dated 01/05/2015, the injured worker presented with complaints of hand pain. The treating physician reported requesting authorization for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 outpatient physical therapy for the right upper extremity 1 session per week for 4 weeks for the management of right hand atrophy and decreased sensation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Elbow: Table 2, Summary of Recommendations, Elbow Disorders>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, physical Therapy.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for right hand pain. She underwent an ulnar nerve decompression on 06/20/14. She had 8 postoperative physical therapy sessions. When seen, she had decided against undergoing further surgery. Diagnoses included severe median and ulnar neuropathy. In this case, the treatment period has been exceeded, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.