

<b>Case Number:</b>	CM15-0084847		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 60 year old female with an industrial injury dated 7/01/2013. The injured worker's diagnoses include carpal tunnel syndrome and cubital tunnel syndrome. Treatment consisted of Electromyography (EMG), nerve conduction studies, status post left carpal tunnel release and periodic follow up visits. In a progress note dated 3/31/2015, the injured worker reported numbness and pain in left hand. The treating physician prescribed services for physical therapy, 12 sessions for bilateral hands/wrists now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 12 sessions, Bilateral Hands/Wrists:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for left upper extremity pain and numbness. Electrodiagnostic testing in October 2014 showed left carpal and cubital tunnel compression. Repeat testing in March 2015 was normal. The claimant has undergone bilateral carpal tunnel releases. There was bilateral hand numbness. When seen, Roos testing was positive. Adson's testing was negative. There was obliteration of the left radial pulse with hyperabduction in the left. Physical therapy was requested. The claimant has a history of bilateral upper extremity nerve compression with normalized electrodiagnostic testing after surgery. She is now being treated for brachial neuritis with some findings that would be consistent with thoracic outlet syndrome. Guidelines recommended up to 12 treatment sessions over 10 weeks for this condition when treated medically. In this case, the number of requested treatments is within the guidelines recommendation and can be considered medically necessary.