

<b>Case Number:</b>	CM14-0113148		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year old male whose date of injury is 10/20/1999. The mechanism of injury is not described. The injured worker is status post bilateral carpal tunnel release 3 years ago. Treatment to date also includes bilateral ulnar nerve release and left shoulder surgery. Follow up note dated 06/09/14 indicates that the injured worker complains of persistent bilateral shoulder, neck and low back pain. The injured worker has had 5 visits of chiropractic with mild relief and 24 acupuncture visits which help significantly but temporarily. The injured worker says he continues with a home exercise program. Diagnoses are cervical stenosis at C5-6 and C6-7, right lumbar radiculopathy, status post bilateral carpal tunnel release, status post bilateral ulnar nerve release, status post left shoulder surgery, and history of severe gastrointestinal pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Outpatient physical therapy for the upper extremity, 2x4 weeks, for submitted diagnosis status post bilateral carpal tunnel and cervical stenosis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, neck and upper back chapter, Physical therapy

**Decision rationale:** Based on the clinical information provided, the request for 8 outpatient physical therapy for the upper extremity, 2 x 4 weeks, for submitted diagnosis status post bilateral carpal tunnel and cervical stenosis is not recommended as medically necessary. The injured worker's date of injury is nearly 15 years old. There is no information provided regarding the injured worker's response to previously completed physical therapy. There are no specific, time-limited treatment goals provided. The submitted records note that the injured worker is compliant with a home exercise program which should be continued. Given the current clinical data, the requested physical therapy is not medically necessary in accordance with the Official Disability Guidelines.