

<b>Case Number:</b>	CM14-0146000		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 54-year-old female with a 1/10/13 date of injury, when she sustained injuries to the neck, shoulders, elbows and hands due to cumulative trauma. The EMG/NCV dated 1/27/14 revealed bilateral median neuropathy localized across both wrists consistent with bilateral carpal tunnel syndrome and evidence of active or chronic right C7 radiculopathy. The patient was seen on 2/12/14 with complaints of pain in the bilateral shoulders and hands with tingling and numbness. Exam findings revealed positive Phalen's and Tinel's signs, mild intermittent symptoms with numbness and tingling in the median nerve distribution and positive Neer's test bilaterally. The reviewer's note indicated that the patient was seen on 8/11/14 with complaints of 8/10 bilateral wrist pain and pain in the lumbosacral area. The physical examination revealed tenderness to palpation and decreased range of motion of the bilateral shoulders and bilateral wrists and hands. The diagnosis is myalgia, myositis and osteoarthritis. Treatment to date has included work restrictions, oral and transdermal medications, and wrist brace. An adverse determination was received on 8/25/14. The request for Physical Therapy (12-sessions, 2 times per week for 6 weeks for the bilateral wrist/hands) was modified to 6 sessions given; that 12 sessions would exceed the guidelines recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (12-sessions, 2 times per week for 6 weeks for the bilateral wrist/hands):**  
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, Treatment Index, 11th Edition (web), 2014, Forearm, Wrist & Hands, physical/Occupational Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Physical Therapy

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, ODG allows 1-3 visits over 3-5 weeks for medical treatment for carpal tunnel syndrome. The EMG/NCV dated 1/27/14 revealed bilateral median neuropathy localized across both wrists consistent with bilateral carpal tunnel syndrome and evidence of active or chronic right C7 radiculopathy. The physical examination revealed positive Phalen's and Tinel's signs with numbness and tingling in the median nerve distribution. However, given the patient's injury over a year ago, it is not clear if the patient underwent PT treatment in the past. In addition, the UR decision dated 8/25/14 modified the request for 12 sessions of PT for bilateral wrists/hands to 6 sessions of PT. Lastly, there is no rationale with clearly specified goals for the patient's treatment with 12 sessions of PT. Therefore, the request for Physical Therapy (12-sessions, 2 times per week for 6 weeks for the bilateral wrist/hands) is not medically necessary.