

<b>Case Number:</b>	CM14-0026860		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Orthopedic Surgery 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 31-year-old male who reported an injury on 11/05/2013. The mechanism of injury was not stated. Current diagnosis is carpal tunnel syndrome. The injured worker was evaluated on 12/27/2013. The injured worker has completed 12 sessions of physical therapy. Physical examination revealed full range of motion of the left wrist, 5/5 muscle strength, full range of motion of the right wrist, and positive Tinel's and Phalen's testing. Treatment recommendations included continuation of physical therapy and acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT (8) ADDITIONAL PHYSICAL THERAPY VISITS FOR THE BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, and Official Disability Guidelines.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. It was noted on 12/27/2013, the injured worker has completed 12 sessions of physical therapy with little improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified. [REDACTED]