

<b>Case Number:</b>	CM15-0000132		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on July 31, 2013. She has reported shoulder, elbow, wrist and hand pain. The diagnoses have included bilateral carpal tunnel release and epicondylitis, left De Quervain's syndrome, cervical sprain/strain and left shoulder sprain/strain with impingement. Treatment to date has included physical therapy and acupuncture oral medications and surgery. Currently, the IW complains of continued difficulty with strength, tenderness and dexterity post carpal tunnel release with some numbness left greater than right and cervical spine, elbow and shoulder tenderness. On December 3, 2014 Utilization Review non-certified a request for physical therapy 2Xweek X6weeks, noting the lack of functional improvement. The Medical Treatment Utilization Schedule (MTUS) were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of for physical therapy 2Xweek X6weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

**Decision rationale:** The patient presents with complains of left-sided numbness, tingling and burning in her fingers. The request is for 1. PHYSICAL THERAPY 2 x 6. Patient is status post right carpal tunnel release surgery 07/31/14 and left carpal tunnel release surgery 11/04/14. Physical examination to the Right wrist on 12/04/14 revealed weakness and pain into the forearm and slight pain with supination of the right hand. Physical examination to the Left wrist revealed tenderness to palpation over the ventral surface of the right wrist as well as residual carpal pillar tenderness. Patients diagnosis include left carpal tunnel release, left De Quervain's syndrome, right carpal tunnel release, bilateral medial and lateral epicondylitis, left shoulder sprain/strain/impingement syndrome and cervical spine sprain/strain, rule out herniated disc. Based on the 12/04/14 progress report, patient is temporarily totally disabled for four to six weeks. MTUS Guidelines, page 16, recommend post-records surgical treatment of 3-8 visits over 3-5 weeks for carpal tunnel syndrome. The post-surgical physical medicine treatment period is 3 months. In this case, the patient has been diagnosed with right carpal tunnel syndrome, and is still within post-operative treatment period. There is no record of prior physical therapy in review of medical records. MTUS allows 8 sessions of post-operative therapy in patients with carpal tunnel syndrome. However, the request for 12 sessions exceeds what is allowed by guidelines. Therefore, the request IS NOT medically necessary.