

<b>Case Number:</b>	CM15-0003899		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: 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 40-year-old female, with a reported date of injury of 01/10/2011. The diagnoses include right carpal tunnel syndrome, impingement syndrome, and lateral epicondylitis. Treatments have included right carpal tunnel syndrome release on 07/11/2014. There is no record of a recent MRI. The medical report dated 12/01/2014 indicates that the injured worker was status post open carpal tunnel release on 07/11/2014, and the numbness had significantly improved. It was noted that the injured worker has had two sessions of physical therapy for strengthening of her left upper extremity. On 12/29/2014, Utilization Review (UR) denied the request for eight (8) physical therapy sessions two (2) times a week for four (4) weeks, citing the MTUS Chronic Pain Guidelines and Postsurgical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for 8 visits at 2x/wk. for 4wks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the 11/17/2014 report, this patient presents with right wrist pain and left shoulder pain. The patient is status post 5 months right Carpal tunnel release and is outside of post-surgical time-frame for therapy treatments. The current request is for physical therapy for 8 visits at 2x/wk for 4 weeks. The request for authorization is on 12/16/2014. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing of the provided reports, the patient had completed 4 out of the 8 authorized therapies from 11/17/2014 to 12/05/2014. However, the treating physician does not discuss the reasons for the requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In this case, the requested 8 sessions combines with the 8 previous authorized sessions exceed what is allowed by MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The request IS NOT medically necessary.