

<b>Case Number:</b>	CM15-0017794		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 34 year old female, who sustained a work/industrial cumulative injury on 12/3/12 to bilateral hands/wrists working as a customer representative. She has reported symptoms of bilateral hand and wrist pain that migrated into her arms and shoulders. Prior medical history included right knee and right hand injury at work (2004) with full recovery. Treatments to date included medication, wrist braces, modified work schedule initially, physical therapy, chiropractic care, and acupuncture. Diagnoses included carpal tunnel syndrome, bilateral lateral epicondylitis, right shoulder internal derangement, cervical spine myoligamentous injury, and secondary sleep deprivation and stress/anxiety. Per examination there was reported bilateral hand pain, constant, dull and achy that becomes sharp and stabbing with increased activities and included numbness and tingling sensation. There was grip strength weakness, bilateral elbow pain over the lateral epicondyles, right shoulder pain, as well as neck pain with stiffness and spasm. Sleep deprivation, stress and anxiety were related to the pain. Assessment reported bilateral carpal tunnel syndrome, bilateral epicondylitis, right shoulder internal derangement, cervical spine myoligamentous injury, and sleep and anxiety disorder. Plan was for 8 visits of physical therapy. On 1/5/15, Utilization Review non-certified Physical Therapy 2 x week x 4 weeks to wrist/hand (QTY: 8), noting the California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 to wrist and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); 9th edition Carpal Tunnel Syndrome (Acute & Chronic)

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

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS guidelines for initial trial of treatment. Progress notes fail to demonstrate significant progress of the patient's pain in response to physical therapy. As such, the request for Physical therapy to wrist/hand QTY: 8 is not medically necessary.