

<b>Case Number:</b>	CM15-0062672		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Family Practice

### 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 30 year old female, who sustained an industrial injury on 02/24/2014, reported bilateral hand, bilateral wrist, bilateral arm, bilateral shoulder and neck pain due to repetitive work such as typing and data entry. On provider visit dated 01/05/2015 the injured worker has reported that physical therapy has helped her bilateral hand symptoms. On examination revealed Tinel's sign weakly positive over the carpal tunnels and tenderness over the dorsal crease of the wrist bilaterally. Pain was noted in left wrist flexion and extension at terminal end range. The diagnoses have included bilateral DeQuervain's syndrome and bilateral ulnar neuritis. Treatment to date has included electromyogram, nerve conduction studies, bilateral hand braces, acupuncture, physical therapy and medication. There was no evidence of number of physical therapy sessions completed or evidence of measurable functional improvement submitted with this review. The provider requested physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy sessions for Bilateral Upper Extremities:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic upper extremity pain, which is attributed to repetitive activities on her job. The date of injury is 02/24/2014. This patient received 12 physical therapy sessions that began in the summer of 2014. The diagnoses that were treated included wrist and forearm pain, and other tenosynovitis of arm and hand. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Additional physical therapy sessions are not medically indicated.