

<b>Case Number:</b>	CM15-0067011		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old female, with a reported date of injury of 07/09/2013. The diagnoses include musculoligamentous sprain/strain of the cervical spine, bilateral carpal tunnel syndrome, bilateral hand sprain/strain, and status post right carpal tunnel release. Treatments to date have included oral medications, physical therapy, an MRI of the cervical spine, an MRI of the right elbow, x-rays of the cervical spine, x-rays of the right elbow, and x-rays of the bilateral hands. The progress report dated 03/19/2015 indicates that the injured worker complained of off and on neck pain, rated 7 out of 10 and right hand/wrist pain, rated 4 out of 10. She also had left hand/wrist pain, with numbness at the fingertips, and rated 7 out of 10. The objective findings include left carpal tunnel syndrome. The treatment plan included a left carpal tunnel release. The treating physician requested physical therapy two times a week for three weeks for the neck and bilateral hands and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times weekly for 3 weeks, Neck and Bilateral Hands/Wrist:** 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: Physical Therapy Guidelines; Neck & Upper Back; Forearm, Wrist & Hand.

**MAXIMUS 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) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly 2 years status post work-related injury and continues to be treated for neck pain and left hand and wrist pain with numbness of the fingers. Diagnoses included carpal tunnel syndrome and authorization for a left carpal tunnel release is being requested. She had previously undergone a right carpal release in August 2014 followed by physical therapy. As of 12/30/14, she had decreased pain and was compliant with an exercise program. When seen by the requesting provider she was having neck pain rated at 8/10 and ongoing bilateral hand symptoms. Patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing skilled physical therapy services again would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency.