

<b>Case Number:</b>	CM15-0071874		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 48 year old male, who sustained an industrial/work injury on 8/27/10. He reported initial complaints of bilateral upper extremity pain. The injured worker was diagnosed as having carpal tunnel syndrome, bicipital tenosynovitis, and psychogenic pain. Treatment to date has included medication, bilateral wrist injections, surgery (bilateral carpal tunnel release surgery on 5/29/14, functional restoration program. Electromyography and nerve conduction velocity test (EMG/NCV) was performed in 4/2014. Currently, the injured worker complains of no change in pain in the wrists, s/p bilateral wrist carpal tunnel release, but had left upper extremity weakness. Per the primary physician's progress report (PR-2) on 3/20/15, examination noted tenderness the both wrists, positive atrophy in the left upper extremity, 4/5 wrist pronation/supination, and 4/5 grip strength. The requested treatments include 12 physical therapy visits for the hands with evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy visits for the hands with evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has had prior treatment with functional restoration program. In addition the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized and is not medically necessary.