

<b>Case Number:</b>	CM15-0098760		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Pain Management, Occupational 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 38 year old female, who sustained an industrial/work injury on 4/29/10. She reported initial complaints of tingling and numbness to upper extremities. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and de Quervain's. Treatment to date has included medication, physical therapy, and surgery (carpal tunnel for the right side on 10/19/10 and 5/20/14 and left side on 1/25/11 and 7/9/13). Currently, the injured worker complains of continued same symptoms to hands and elbows and increased pain with prolonged activities. Per the primary physician's progress report (PR-2) on 3/30/15, examination revealed mild swelling, no acute neuro changes, no gross instability, right elbow 0-160 flex. Current plan of care included lidocaine patch, home exercises, Salanpas patch. The requested treatments include physical therapy to bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6, bilateral wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

**Decision rationale:** MTUS 2009 recommends up to 10 sessions of physical therapy to treat myositis. The patient has already received physical therapy exceeding MTUS 2009 guidelines in the past. The patient also has a cubital tunnel release surgery approved which will likely require post-operative therapy. There is no explanation in the medical records for why additional therapy is needed prior to surgery. This request for 18 sessions exceeds MTUS 2009 guidelines for physical therapy and there is no explanation provided for why these many sessions of therapy are required prior to surgery. This request for physical therapy is not medically necessary.