

<b>Case Number:</b>	CM14-0100167		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, wrist pain, elbow pain, low back pain, and knee pain reportedly associated with an industrial injury of March 16, 2009. Thus far, the applicant has been treated with analgesic medications; earlier knee surgery; a knee brace; a wrist brace; elbows sleeve; topical compounds; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 3, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the bilateral hands. The applicant's attorney subsequently appealed. In an April 29, 2014 work status report, the applicant was given work restrictions. It was unclear whether or not the applicant was working, however. On April 29, 2014, the applicant presented with continued complaints of bilateral hand pain with associated numbness, tingling, and paresthesias, left greater than right. Positive Tinel and Phalen signs were appreciated. Twelve sessions of physical therapy, and electrodiagnostic testing were sought. The attending provider stated that the applicant would need a carpal tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for six weeks for the bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-

Treatment for Workers' Compensation (TWC), Carpal Tunnel Syndrome Procedure Summary last updated 02/20/2014.

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

**Decision rationale:** The 12-session course of treatment, in and of itself, represent treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, the issue reportedly present here. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. The admittedly limiting information on file suggests that the applicant has, furthermore, plateaued with earlier treatment. Significant pain complaints and paresthesias persist. The applicant was using splints. The fact that electrodiagnostic testing is being sought, coupled with the fact that work restriction are also being endorsed from visit to visit, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.