

<b>Case Number:</b>	CM13-0008959		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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. 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 underlying date of injury in this case is April 26, 2010. Treating diagnoses include carpal tunnel syndrome and wrist sprain. A prior physician review notes that this patient previously received 15 visits of physical therapy and had 1 additional visit pending. The Claims Administrator modified the current request to 4 visits of physical therapy. The reviewer noted the patient's diagnoses include status post a right carpal tunnel release with ulnar nerve decompression at the wrist and also status post right shoulder arthroscopy with subacromial decompression. An operative note regarding the patient's right carpal tunnel syndrome and right ulnar nerve decompression indicates that procedure was performed on July 16, 2012. The patient's surgery to their right shoulder occurred on August 15, 2011. On May 16, 2013, the treating physician saw the patient in follow-up and the patient reported to have some pain in the right arm and occasional numbness in the right hand and found therapy to be helpful. Grip strength was 10/10/9 on the right and 85/80/80 on the left. On exam, the patient had an equivocal impingement sign of the right shoulder and a positive Tinel's in the right carpal tunnel, a negative Phalen's test on the right side, and mild tenderness of the right dorsal wrist. The treating physician felt the patient would benefit from six weeks of physical therapy twice weekly to work on stretching modalities and strengthening, and opined that the patient would be permanent and stationary following completion of that therapy. The report dates July 11, 2013, [REDACTED] noted the patient complained of increased pain with swelling and numbness in the right forearm and hand with mild tenderness over the right carpal tunnel scar, mild tenderness over the dorsal aspect of the right wrist, and mild volar tenderness on the right. The treating

physician recommended biweekly occupational and physical therapy for 6 weeks to work on stretching modalities and st

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule Postoperative Treatment Guidelines page 16 recommends for carpal tunnel syndrome "Postsurgical treatment: 3-8 visits over 3-8 weeks with a postsurgical physical medicine period of 3 months after carpal tunnel release." These guidelines recommend "postsurgical treatment: 20 visits over 3 months" with a postsurgical physical medicine treatment period of 6 months after cubital tunnel release. Guidelines recommend "24 visits over 14 weeks" with a postsurgical physical medicine period of 6 months for a rotator cuff syndrome/impingement syndrome. The patient is beyond the postsurgical treatment period for any of these conditions. Overall, the guidelines would suggest that this patient would have transitioned to an independent active home rehabilitation program by the time period under consideration. The medical records outline goals of further treatment but do not clarify why supervised as opposed to independent rehabilitation would have been indicated in the time period under review. The request for twelve sessions of physical therapy is not medically necessary and appropriate.