

<b>Case Number:</b>	CM13-0021977		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 52-year-old female with a 10/21/04 date of injury, and carpal tunnel release, unspecified date. At the time (7/5/13) of request for authorization for Physical Therapy two times ten for the bilateral wrists, there is documentation of subjective (bilateral arm pain, bilateral wrist pain, and complains of piercing (pins and needles) and stabbing sensation that comes and goes daily) and objective (decreased range of motion in the wrists) findings, current diagnoses (repetitive cumulative trauma bilateral upper extremities, tenosynovitis bilateral wrist, bilateral carpal tunnel release, and recurrent median nerve neuropathy bilateral wrists), and treatment to date (splints, medications, activity modification, and 24 physical therapy sessions completed). The response to the 24 physical therapy sessions completed cannot be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE BILATERAL WRISTS (20 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Post Operative Therapy for Carpal Tunnel Syndrome.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines supports up to 3-8 visits over 3-5 weeks for the postoperative management of carpal tunnel syndrome with postsurgical physical medicine treatment period of 3 months. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG supports up to 3-8 post-operative physical therapy visits in the management of the cited condition/injury. Within the medical information available for review, there is documentation of diagnoses of repetitive cumulative trauma bilateral upper extremities, tenosynovitis bilateral wrist, bilateral carpal tunnel release, and recurrent median nerve neuropathy bilateral wrists. In addition, there is documentation of status post carpal tunnel release and 24 physical therapy sessions completed, which exceeds guidelines. However, there is no documentation of the response to the 24 physical therapy sessions completed. In addition, despite documentation of subjective (bilateral arm pain, bilateral wrist pain, and complaints of piercing (pins and needles) and stabbing sensation that comes and goes daily) and objective (decreased range of motion in the wrists) findings, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding postoperative PT guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the bilateral wrists is not medically necessary.