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| <b>Case Number:</b>   | CM13-0029103 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 05/27/2011 |
| <b>Decision Date:</b> | 03/25/2014   | <b>UR Denial Date:</b>       | 09/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2013 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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.

### 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 patient is a 64 year old female with date of injury 5/27/11. The treating physician report dated 7/19/13 indicates that the patient has right wrist and hand pain that is rated an 8/10. The current diagnoses are: 1.Persistent right carpal tunnel syndrome after CT release in October 2012 354.0 2.Moderate right wrist CMC DJD 715.14 The utilization review report dated 9/13/13 denied the request for hand certified therapy, two times a week for six weeks, for the right wrist/hand and right wrist brace. The request was denied based on current examination findings, prior physical therapy, applicable guidelines, and lack of need of immobilization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand certified therapy 2 x wk x 6 weeks, right wrist/hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Official Disability Guidelines (ODG); Work Loss Data Institute, LLC.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with chronic right wrist and hand pain. The request is for hand certified therapy, two times a week for six weeks, for the right wrist/ hand. The patient is 9 months post surgical carpal tunnel release. The MTUS post surgical guidelines were not utilized as the time frame for post-surgical physical medicine treatments is 3 months. The MTUS guidelines were then reviewed for this request. The guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. MTUS does not specifically list the number of PT visits for carpal tunnel, however the listed neuralgia, neuritis and radiculitis does correspond with the compression of the median nerve. The ODG guidelines state 1-3 visits over 3-5 weeks. In this case there is a request for 12 sessions which exceeds what MTUS allows for this type of condition and what is recommended by ODG. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, positive testing for CTS, etc. to clinically justify additional therapy at this time. Recommendation is for denial.

**Right wrist brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Official Disability Guidelines (ODG); Work Loss Data Institute, LLC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with chronic right wrist and hand pain. The request is for a right wrist brace. The treating physician documents that the patient wears her brace at night and that the brace is worn and is no longer functional. ACOEM guidelines page 265: "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." This patient has a worn out wrist brace and the treating physician has indicated that night splinting does help the patient. It would appear appropriate to fit the patient with a new supportive right wrist brace. Recommendation is for authorization.