

<b>Case Number:</b>	CM13-0042747		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Family 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:

This is a 30 year old female patient who reported an industrial injury to the left hand/wrist on 3/10/2013, 18 months ago, attributed to the performance of her customary job tasks. The patient was diagnosed with tenosynovitis and carpal tunnel syndrome (CTS). The patient complained of left hand pain. The objective findings on examination included left upper extremity (LUE) strength of 4/5; and diminished range of motion (ROM). The patient was prescribed physical therapy (PT) to the left hand/wrist. Two sessions of PT were authorized. The patient was prescribed treatment modalities found in the basic treatment with PT that included infrared; electrical stimulation; myofascial release; and joint mobilization. The requested separate treatment modalities were ordered separately in addition to the request for additional PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INFARED TO THE LEFT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Page(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--PT.

**Decision rationale:** The patient has received prior sessions of PT to the left wrist/hand to date on this industrial claim with noted improvement whereas the CA MTUS recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the DOI. There is no medical necessity demonstrated for an additional 2x4 sessions of PT for the cited diagnoses. The patient was authorized two sessions of PT to the left wrist/hand for the diagnosis of CTS and tenosynovitis to relearn a HEP. The patient has been documented have received prior physical therapy/occupational therapy for the stated diagnoses of left wrist pain attributed to CTS and tenosynovitis on this industrial claim and the additional requested OT/PT exceeded the number recommended by evidence based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in HEP. The request for additional sessions of PT as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is noted to have normal strength and ROM with only tenderness documented. The Official Disability Guidelines recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The provision of Infrared is simply the provision of heat to the left hand with radiant head provide by an infrared light as a common PT treatment modality for the provision of heat during PT. There is no demonstrated medical necessity for the provision of infrared treatment as a separate treatment modality for the diagnosis of CTS and tenosynovitis.

**MYOFASCIAL RELEASE FOR THE LEFT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand-PT.

**Decision rationale:** The patient has received prior sessions of PT to the left wrist/hand to date on this industrial claim with noted improvement whereas the CA MTUS recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the date of injury (DOI). There is no medical necessity demonstrated for an additional 2x4 sessions of PT for the cited diagnoses. The patient was authorized two sessions of PT to the left wrist/hand for the diagnosis of CTS and tenosynovitis to relearn a home exercise program (HEP). The patient has been documented have received prior physical therapy/occupational therapy for the stated diagnoses of left wrist pain

attributed to CTS and tenosynovitis on this industrial claim and the additional requested occupational Therapy/Physical therapy (OT/PT) exceeded the number recommended by evidence based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in HEP. The request for additional sessions of PT as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is noted to have normal strength and ROM with only tenderness documented. The Official Disability Guidelines recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The provision of Infrared is simply the provision of heat to the left hand with radiant heat provided by an infrared light as a common PT treatment modality for the provision of heat during PT. There is no demonstrated medical necessity for the provision of infrared treatment as a separate treatment modality for the diagnosis of CTS and tenosynovitis.

#### **ELECTRICAL STIMULATION TO THE LEFT HAND: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--PT.

**Decision rationale:** The patient has received prior sessions of PT to the left wrist/hand to date on this industrial claim with noted improvement whereas the CA MTUS recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the DOI. There is no medical necessity demonstrated for an additional 2x4 sessions of PT for the cited diagnoses. The patient was authorized two sessions of PT to the left wrist/hand for the diagnosis of CTS and tenosynovitis to relearn a HEP. The patient has been documented have received prior physical therapy/occupational therapy for the stated diagnoses of left wrist pain attributed to CTS and tenosynovitis on this industrial claim and the additional requested OT/PT exceeded the number recommended by evidence based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in HEP. The request for additional sessions of PT as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is noted to have normal strength and ROM with only tenderness documented. The Official Disability Guidelines recommend up to nine (9) sessions of physical

therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be integrated into a self-directed home exercise program. The provision of electrical stimulation is simply the provision of another common PT treatment modality directed to the hands. There is no demonstrated medical necessity for the provision of electrical stimulation treatment as a separate treatment modality for the diagnosis of CTS and tenosynovitis. Evidence based guidelines do not recommend TENS units for treatment of CTS/wrist/hand.

**JOINT MOBILIZATION OF THE LEFT HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--PT.

**Decision rationale:** The patient has received prior sessions of PT to the left wrist/hand to date on this industrial claim with noted improvement, whereas, the CA MTUS recommends up to ten (10) sessions for the treatment of the cited diagnoses attributed to the DOI. There is no medical necessity demonstrated for an additional 2x4 sessions of PT for the cited diagnoses. The patient was authorized two sessions of PT to the left wrist/hand for the diagnosis of CTS and tenosynovitis to relearn a HEP. The patient has been documented have received prior physical therapy/occupational therapy for the stated diagnoses of left wrist pain attributed to CTS and tenosynovitis on this industrial claim and the additional requested OT/PT exceeded the number recommended by evidence based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented on physical examination that demonstrates the medical necessity of additional PT over the participation of the patient in HEP. The request for additional sessions of PT as opposed to a self directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is noted to have normal strength and ROM with only tenderness documented. The Official Disability Guidelines recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS and the Official Disability Guidelines for treatment of the left wrist and hand. The medical records document that the patient has improved significantly with the previously authorized physical therapy and should be

integrated into a self-directed home exercise program. The provision of joint mobilization to the left hand by itself is not medically necessary as it is a standard treatment modality of the authorized sessions of PT. There is no demonstrated medical necessity for the provision of joint mobilization treatment as a separate treatment modality for the diagnosis of CTS and tenosynovitis.