

<b>Case Number:</b>	CM13-0066216		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 and 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:

The injured worker is a 52 year old female who reported an over extension injury to her right hand, shoulders, and neck on 12/17/2009. The surgical report dated 08/28/2013 reported the injured worker underwent a left carpal tunnel release, A1 pulley release, and left trigger thumb release. The surgical note dated 10/10/2013 reported the injured worker had left wrist pain rated 8/10 with numbness and tingling. The physical exam neglected to measure the range of motion in the wrists, but noted bruising on the left wrist. The physical therapy note dated 10/10/2013 reported the injured worker was scheduled to complete 6 sessions of physical therapy, however only 2 more clinical notes were provided and a final evaluation was not provided. The request for authorization was not provided within the submitted documentation.

### 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 TO THE LEFT WRIST/HAND: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16,22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The request for physical therapy two times a week for six weeks to the left wrist/hand is non-certified. The Chronic Pain Medical Treatment Guidelines recommend active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Furthermore, the guidelines state there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. As such, postsurgical endoscopic treatments are recommended no more than 3-8 visits over a 3-5 week period and the post-surgical treatment period not exceed 3 months. The injured worker's physical exam neglected to ascertain enough of a functional deficit to necessitate physical therapy. In addition, there is a lack of documentation of the previous physical therapy outcome. Hence, the request is not medically necessary.