

<b>Case Number:</b>	CM14-0009496		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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 patient has submitted a claim for bilateral carpal tunnel syndrome, bilateral hand De Quervain's, bilateral shoulder bursitis and impingement, bilateral shoulder acromioclavicular joint symptoms, ulnar nerve compression of the right wrist status post right carpal tunnel release associated with an industrial injury date of February 2, 2010. Medical records from 2013 were reviewed showing the patient having wrist and hand pain grade 7-9/10. There was pins and needles sensation over both wrists. Physical examination of the right wrist showed healing volar incision over the right wrist with bruising. The left wrist is positive for Tinel's, Finkelstein's, Phalen's and carpal compression test. The following MRIs were done on October 5, 2012: MRI of the right wrist showed distal radial edema with probable fracture and scattered carpal bone cystic change with edema in the capitate, and no evidence for acute triangular fibrocartilage complex, ligamentous or tendinous abnormality; MRI of the left wrist showed negative ulnar variance with intercarpal effusion and synovitis, and no evidence for acute osseous, triangular fibrocartilage complex, tendinous or ligamentous abnormality; MRI of both hands were normal. Official report of the imaging studies were not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 CERTIFIED PHYSICAL THERAPY VISITS FOR THE RIGHT WRIST AND HAND BETWEEN 1/9/2014 AND 2/23/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, Official Disability Guidelines (ODG), Forearm, Wrist, Hand Section, recommend 3-8 physical therapy visits over 3-5 weeks for post-surgical treatment of carpal tunnel syndrome with fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, patient has had 12 visits of physical therapy of the right hand since his carpal tunnel release on February 4, 2013. The patient exceeded the recommended number of physical therapy sessions. The documented rationale for treatment was for post-operative strengthening and conditioning for the right wrist or hand. However, there is no description regarding objective benefits derived from the previous sessions or a treatment plan with defined functional gains and goals. Moreover, a progress report dated September 26, 2013 revealed that he continues to do a home exercise program. There is no discussion why the home exercise program cannot suffice. Therefore, the request for 12 certified physical therapy visits for the right wrist and hand is not medically necessary.