

<b>Case Number:</b>	CM14-0104109		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational 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 request for a 56-year-old female with the injury date of 5/27/13. There is a 5/22/14 physical medicine report that is requesting physical therapy for the hands 3 times a week for 4 weeks. The diagnosis was carpal tunnel syndrome bilaterally. This reviewer notes that the date of injuries on the report is 2/18/14, which is different than that provided in the requesting documents. That report indicates patient was given bilateral wrist braces. There was an examination that said there is n(sic) tenderness to pressure over the bilateral wrists, reduced sensation in both hands of the median nerve, positive Tinel's bilaterally, negative Finkelstein's and equal range of motion bilaterally. Patient was placed on temporary total disability for 6 weeks. The report did not mention the mechanism of injury and there were no subjective complaints as noted above. There is no mention of what the patient's work status was at the time of the visit and there is no mention of how long patient had been symptomatic. There is no mention of what, if any, previous treatment has been provided for the patient. Specific functional goals of therapy were not stated. The date of original review was 6/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (Physical Therapy) 3x4 bilateral hands/wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Chapter, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines Part 2 Page(s): 98-99.

**Decision rationale:** The medical records submitted do not include any information regarding the patient's previous treatment. It is not known if she has had previous physical/occupational therapy before and if she has completed the ACOEM treatment algorithms. Therefore it is not even clear if MTUS chronic pain guidelines apply. There is no mention of what, if any, functional limitations there are as a result of the objective findings, so therefore the goals of treatment are completely unclear. Neither the ACOEM guidelines nor MTUS chronic pain guidelines would support a 12 session course of PT for carpal tunnel syndrome. There is no evidence documented for why this patient should require that many sessions. Based upon the submitted evidence and MTUS guidelines, this requested treatment is not considered to be medically necessary.