

<b>Case Number:</b>	CM14-0104358		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/23/2014
<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 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 43-year-old female who reported an injury on 01/26/2012. The mechanism of injury was repetitive duties. She has had injuries to her shoulders, neck, back and wrist. Her medications included Norco and Motrin. She is S/P left carpal tunnel release and has already had 16 physical therapy visits. On examination, tenderness was noted over the carpal tunnel release scar about her left wrist. Active ROM of the left wrist revealed flexion 45, extension 50, ulnar/radial deviation 20 degrees. There was increased pain upon the extremes of all ranges of motion about her left wrist. Diagnoses: B/L carpal tunnel syndrome, central stenosis C5-6 with radiculopathy, S/P right shoulder surgery, B/L ulnar neuritis, headache. The patient is to continue therapy twice a week. A UR determination for request of 8 physical therapy sessions for the left hand between 6/19/14 and 8/3/14 was considered not medically necessary due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Physical Therapy sessions for Left hand between 6/19/14 and 8/3/14: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand.

**Decision rationale:** CA MTUS / ODG guidelines, allow physical therapy 1-3 visits over 3-5 weeks for carpal tunnel syndrome or 3-8 visits over 3-5 weeks after surgery. Long term treatments are not recommended as there is limited evidence of effectiveness. Benefits need to be documented after the first week. Additionally, the patients are expected to perform home exercise program after a short period of physical therapy. In this case, there is no evidence of re-injury, failed surgery or revision to necessitate continued physical therapy. There is no documentation of any improvement in pain or function with prior therapy to demonstrate the effectiveness. Additional therapy would exceed the allowed number of visits per guidelines. Therefore, the medical necessity of the request is not established per guidelines.