

<b>Case Number:</b>	CM14-0015972		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 49-year-old female with a work injury to her right wrist dated 2/5/13. The diagnosis is carpal tunnel syndrome. The patient is status post right carpal tunnel release on October 31, 2013. Under consideration is a request for additional physical therapy 6 visits to the right hand. There is a 3/5/14 PR-2 document, which states that the patient has right hand weakness and lacks endurance in the right hand. The right hand grip strength was decreased in the right hand as compared to the left hand. There is full range of motion in the fingers. The treatment plan was to have a gradual resumption of activities. The patient is to continue modify work and may increase to 6 hours/day. There is a 2/6/14 plastic surgery office note that states that on examination, there is a well-healed but relatively recent mid palmar incision on the right side. The patient has full range of motion. She has weakness of the intrinsic muscles on the right hand. The Tinel sign is present over the median nerve bilaterally. On the left hand, Phalen's test and median nerve compression sign are also positive. The documentation dated 12/20/13 physical therapy evaluation documented wrist flexion to 50 degrees and extension to 45 degrees. Ulnar deviation was to 15 degrees and radial deviation was to 30 degrees. Strength testing was noted to be 3/5. A 12/13/13 document states that the patient is still experiencing a moderate amount of pain in the area of the carpal tunnel release incision. On examination, there is still reveals moderate tenderness to palpation in the region of the carpal tunnel incision and there is thickened scar tissue present in this area. Dorsiflexion and volar flexion of the wrist is limited to approximately 45 degrees with pain at those limits. There is a request for six additional physical therapy sessions given the persistent symptomatology she has been experiencing in the area of incision. The documentation states that from 11/26/14 to 2/14/14 there have been 8 physical therapy and 10 acupuncture visits to date. Prior utilization review dated stated that the patient

had more than 12 sessions of physical therapy. The doctor treating the patient felt that patient needs more physical therapy for postsurgical additional strength improvement, but felt that the patient may or may not have further improvement from physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional PT 6 visits, for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** Additional PT, 6 visits right hand is not medically necessary per the California MTUS guidelines. The guidelines recommend up to eight visits of physical therapy for post-surgical carpal tunnel release. The documentation indicates that the patient has already exceeded this limit and an additional eight would further exceed this guideline. The patient should be competent in a home exercise program at this point. The documentation does not indicate any extenuating conditions that would require a supervised physical therapy program. The request for additional PT, 6 visits, for the right hand is not medically necessary.