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| <b>Case Number:</b>   | CM14-0135336 |                              |            |
| <b>Date Assigned:</b> | 08/29/2014   | <b>Date of Injury:</b>       | 05/20/2013 |
| <b>Decision Date:</b> | 09/30/2014   | <b>UR Denial Date:</b>       | 08/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/22/2014 |

### 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 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:

This is a patient of the date of injury of May 20, 2013. A utilization review determination dated August 8, 2014 recommends non-certification of continued physical therapy for the left wrist/hand. Non-certification was recommended due to lack of documentation of measurable functional improvement as a result of the recently authorized 8 physical therapy visits. A progress report dated June 2, 2014 identifies left hand, thumb, and wrist pain. The pain is 8-9/10. The patient underwent left carpal tunnel release and left shoulder surgery on October 21, 2013. Physical examination findings reveal reduced range of motion in the right shoulder with tenderness at the left acromioclavicular joint. The patient also has tenderness at numerous locations in the hand. Diagnoses include cervical arthritis, De Quervain's tendinitis, and status post left carpal tunnel release. The treatment plan recommends physical therapy twice a week for the next 6 weeks, a cortisone injection in the 1st dorsal compartment and C6 vertebral joint, and address psychological problems with the patient's primary care physician. A utilization review determination dated August 1, 2013 recommends 9 physical therapy visits following left carpal tunnel release. A utilization review determination dated July 24, 2014 indicates that the patient underwent 17 postoperative therapy sessions following the shoulder surgery and carpal tunnel release. A progress report dated April 28, 2014 states "she is continuing to have significant complaints and making no progress." A physical therapy treatment note dated May 21, 2014 indicates that the patient has undergone 8 visits in this round of physical therapy. There is no change in lifting ability, driving ability, or pain level. There is improvement in range of motion of the cervical spine, neck disability Index, and upper extremity functional scale. A physical therapy progress note dated January 23, 2014 indicates that this is the 16th physical therapy visit in this round of physical therapy. There is significant improvement in shoulder range of motion, some improvement in shoulder strength, and some improvement in wrist function.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy 2x6, left wrist/hand.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Carpal Tunnel Syndrome Chapter Physical medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy to the wrist, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends occupational/physical therapy in the management of upper extremity conditions. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. ODG recommends 3 to 8 physical therapy visits for the post-surgical treatment of carpal tunnel syndrome. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. Additionally, it is unclear how much of objective functional improvement was obtained with regards to the patient's wrist and hand complaints with the most recent physical therapy. Furthermore, there is no documentation indicating why any remaining treatment goals could not be addressed with an independent program of home exercise, and why additional physical therapy beyond the maximum number usually recommended by guidelines would be required in this particular case. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.