

<b>Case Number:</b>	CM14-0160754		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 64-year-old female who reported an injury on 05/27/2011 due to an unspecified mechanism of injury. The diagnoses included carpal tunnel syndrome of the right wrist, status post endoscopic carpal tunnel release surgery of the right wrist on 10/18/2012, Sjogren's syndrome, carpal metacarpal degenerative joint disease of the right wrist, and compensatory left wrist flexor tendon tenosynovitis and carpal tunnel syndrome. The objective findings dated 09/05/2014 of the right wrist and hand revealed flexion at 0 to 40 degrees and extension 0 to 30 degrees, with radial deviation at 0 to 10 degrees and ulnar deviation 0 to 10 degrees. She had a well healed incision about the wrist and hand with no signs of CRPS. There was some tenderness and swelling about the carpal tunnel and volar aspect of the wrist. A negative Phalen's, negative Tinel's, and negative carpal compression test were noted. Also noted were a negative Finkelstein's, negative CMC grind test, no triggering of any fingers or thumbs, and 2+ radial pulse. Sensation was lightly decreased in the medial nerve distribution. The injured worker complained of swelling about the left wrist and hand with paresthesias, tingling, and numbness in the thumb, index, and long finger. No medications were provided. No diagnostics were provided. No past treatments were provided. The treatment plan included physical therapy x6 visits for the right hand. The request for authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Physical Therapy Visits for the Right Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for 6 Physical Therapy Visits for the Right Hand is not medically necessary. The California MTUS state that "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation indicated that the injured worker had had surgery in 2012 and would be expected to have had physical therapy at that time. However, no documentation was submitted to indicate if the injured worker had had physical therapy prior. The objective findings lacked any functional deficits to warrant the need for physical therapy. As such, the request is not medically necessary.