

<b>Case Number:</b>	CM14-0022681		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 70-year-old female who injured her bilateral wrists on 07/01/11. The clinical records provided for review include the 02/06/14 progress report indicating continued complaints of pain in the bilateral wrists for a diagnosis of carpal tunnel syndrome. The right wrist had tenderness to palpation, positive Phalen's testing and continued pain complaints. The claimant was referred for orthopedic consultation and the documentation notes prior conservative care consisting of physical therapy, bracing, medications and activity restrictions. There is no current recommendation for surgery. This review is a request for continuation of physical therapy for eight sessions for the claimant's right wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY SESSIONS 2 TIMES WEEKLY FOR 4 WEEKS, QTY: 8 FOR THE RIGHT WRIST/HAND:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for continued physical therapy for eight sessions cannot be supported as medically necessary. The

documentation in the records indicates a diagnosis of bilateral carpal tunnel syndrome that has already been treated conservatively with physical therapy for which the claimant is noted to be well versed in home exercises. There is no documentation of acute clinical findings indicating functional deficit on examination that would suggest that the claimant is experiencing a flare in her symptoms. The Chronic Pain Guidelines recommend therapy for a flare in symptoms to control pain. In absence of documentation indicating a flare in symptoms, the request for Physical Therapy Sessions 2 Times Weekly for 4 Weeks, quantity: 8 for the Right Wrist/Hand is not medically necessary.