

<b>Case Number:</b>	CM14-0027633		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 underlying date of injury in this case is 02/01/2011. The primary treating diagnosis is a bilateral upper extremity overuse syndrome. This patient is status post right carpal tunnel release and right thumb carpometacarpal basilar joint arthroplasty which was approved in February 2013. This patient was also scheduled for hardware removal on 04/05/2013, and left carpal tunnel release was authorized, although it is unknown whether that procedure has been completed. On 01/31/2014, the patient was seen in orthopedic followup. The patient reported right hand weakness with some discomfort and less pain at rest. The compartments of the bilateral upper extremities were soft with no palpable spasms. The patient had good range of motion throughout the bilateral upper extremities. The patient was felt to have severe bilateral thumb carpometacarpal basilar joint arthritis. The treatment plan included modified duty work and followup in 8 weeks. This followup note does not specifically discuss a physical therapy treatment plan; a request for authorization form from this physician of the same date requests physical therapy three times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS, HANDS QUANTITY : 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel chapter and ODG Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends transition to an independent home rehabilitation program. Additionally, the Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines, section 24.3, page 10, states that after initial postsurgical physical therapy, a subsequent course of therapy shall be prescribed with documentation of functional improvement. The medical records at this time do not document functional goals or an alternative rationale for additional supervised physical therapy. The treatment guidelines anticipate that this patient would have transitioned to independent home rehabilitation. Again, an indication or rationale instead for additional supervised rather than independent home therapy is not apparent at this time. This request is not medically necessary.