

<b>Case Number:</b>	CM14-0030061		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Occupational Medicine 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 applicant has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 25, 2013. Also, the applicant has been treated with the following: analgesic medications; attorney representation; left and right carpal tunnel release surgeries; and somewhere between 8 and 12 sessions of physical therapy, per the claims administrator. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for additional physical therapy, stating that the applicant had had eight sessions of physical therapy about one wrist and twelve sessions of physical therapy about another wrist. The postsurgical treatment guidelines were cited, although the applicant appeared to be outside of the postsurgical physical medicine treatment. In so far as the right wrist was concerned, following an earlier carpal tunnel release surgery on September 24, 2013. The applicant did appear to be within the postsurgical physical medicine treatment following the left carpal tunnel release surgery on December 2, 2013. The applicant subsequently appealed. In a February 17, 2014 progress note, the applicant was described as having persistent hand and wrist complaint. It was stated that the applicant had not been back to work since the surgery. The applicant was a former customer service representative, it was stated. The applicant reportedly exhibited normal range of motion about the injured wrist, well healed bilateral carpal tunnel release, and 18 to 22 kg of grip strength about the hands. Additional physical therapy was nevertheless sought. The applicant's work status was apparently not provided on this occasion. On March 20, 2014, the applicant apparently stated that she was improving overall and that her symptoms were mostly resolved in terms of numbness and tingling. Some paraincisional tenderness was appreciated. The applicant was described as back at work at this point. Motor strength was intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENEWAL PHYSICAL THERAPY TIMES SIX (6) VISITS FOR LEFT HAND:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the information on the file, it appears that the applicant was still within the three-month postsurgical physical medicine treatment. The MTUS Postsurgical Treatment Guidelines, following an earlier left carpal tunnel release surgery of December 2, 2013. As further noted in the post-surgical treatment guidelines, the frequency of visits shall be gradually reduced or discontinued as the applicant gains independence in terms of management of symptoms and with achievement of functional goals. In this case, the applicant did apparently achieve return to work status with an earlier eight to twelve sessions of physical therapy in so far as the left wrist was concerned. The applicant's grip strength was described as recovering and well preserved in the 18 to 22kg range, shortly after the request. It does not appear that additional physical therapy beyond MTUS parameters was/is indicated, given the applicant's seeming achievement of functional goals with earlier treatment. Therefore, the request for six (6) additional sessions of physical therapy for the left hand is not medically necessary.