

<b>Case Number:</b>	CM14-0036673		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 claimant injured her right wrist on 11/04/10. Her shoulder is described as not an accepted part of her industrial injury claim. She received a modified approval for 4 visits of PT for the right wrist only. This request is under appeal. She is status post right carpal tunnel release on 05/24/12. She also had a diagnosis of TFCC tear and ganglion cyst. She was diagnosed with wrist and shoulder sprains, right shoulder impingement, and left carpal tunnel syndrome. She had a panel QME with [REDACTED] on 07/16/13 who stated that she had reached maximum medical improvement relative to her wrist. She had an initial evaluation for PT for her right shoulder on 07/17/13. She had tenderness and decreased range of motion of the shoulder. She also had weakness. On 07/22/13, physical therapy was ordered because of a possible rotator cuff tear. She also had an orthopedic panel QME on 07/16/13. An MRI of the right shoulder dated 08/19/13 revealed mild supraspinatus tendinosis and possible findings of impingement. She also had psychological issues. Objective findings include tenderness about the lower cervical and thoracic paraspinal muscles as well as the right trapezius. She had trigger points and findings consistent with tendinitis and impingement syndrome. Examination of the right wrist and hand revealed a well-healed surgical scar over the carpal tunnel made measuring 1-1/2 cm with atrophy in the right hand and tenderness over the palmar aspect of the wrist/hand with negative Tinel's and Phalen's signs. She complained of bilateral shoulder pain when she saw [REDACTED] on 10/28/13. She also had right wrist pain. An FCE was recommended. On 11/14/13, nerve conduction studies showed mild to moderate bilateral carpal tunnel syndrome worse on the left side. X-rays of the right shoulder were normal on 01/07/14. She saw [REDACTED] on 01/15/14 and reported that while in bed a few weeks before she turned over and experienced a sharp pain in her shoulder blade and she had the pain ever since. Right hand and wrist exam showed tenderness and some atrophy in the right hand with a healed surgical scar. 4 sessions of PT over

a two-week period were recommended for her shoulder. There was a PT request for 8 visits on 01/15/14. She saw [REDACTED] on 02/03/14. She reported that she had seen [REDACTED] and her shoulder was injected but she did not recall that it gave her any significant benefit. A functional capacity evaluation was ordered. She has had evaluations for multiple medical conditions. The orthopedic QME stated she was status post right open carpal tunnel release, had postoperative rehab, and was discharged. She had probable onset of left carpal tunnel release. She had an overuse injury to her right wrist. There were no signs of impingement at the shoulder at that time. There was also no tenderness. The request on 03/10/14 states 22 visits for the right shoulder and right wrist. She received a modified approval for 4 PT sessions for the right wrist only.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 2 x 2 (4 visits) for the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The CA MTUS Postsurgical Treatment Guidelines recommend 3-8 visits over 3-5 weeks. The Chronic Pain Guidelines, page 130 state "physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The history and documentation does not objectively support the request for an additional 4 visits of PT for the right wrist at this time. The claimant is status post open carpal tunnel release over two years ago. Her course of treatment following her surgery is unclear but she did attend post-op rehab and was discharged. There is no evidence that she is unable to continue her post-op recovery with an independent home exercise program which she should have learned during her post-op rehab but which can easily be reinstructed by a primary care provider and does not require multiple visits to PT. There is no evidence of chronic pain to support additional formal supervised exercises. The medical necessity of this therapy has not been clearly demonstrated.