

<b>Case Number:</b>	CM14-0039407		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 patient is a 31-year-old female who was injured on 09/16/2012 while performing her usual and customary duties. She developed pain and numbness in both hands secondary to her job duties and without trauma. She underwent carpal tunnel release, right wrist on 12/10/2013 and postop physical therapy. On AME report dated 02/24/2014, the patient complained of pain in the right wrist, the left wrist, and the left hand and is increased with activities of daily living. She reported numbness over the left palm and left index. Objective findings on exam revealed wrist range of motion, right/left: extension 60/60; flexion 60/60; ulnar deviation 30/30 and radial deviation 20/20 degrees. There is slight thenar atrophy. She has positive Tinel exam over the left median nerve. There was tenderness over the right proximal palm, but the other portions of the upper extremities from the elbows to the hands were tender. Motor exam was 5/5 throughout the major muscle groups. The Jamar grip strength, right/left, 20/deferred; deferred/36, 48, 47 lbs, second setting. Her sensation was decreased over the left index, middle, ring, and little fingers as well as the dorsum of the left hand and the dorsum of the left forearm with testing otherwise intact in the extremities. She is status post right carpal tunnel release and diagnosed with left carpal tunnel syndrome and bilateral upper extremity strain/sprain. Prior utilization review dated 03/26/2014 states the requests for 8 Sessions 2x4 of Physiotherapy Rehab, Therapeutic exercise and strength program to right wrist, Psychologist Evaluation-Referred to claims examiner were denied as there were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions 2x4 of Physiotherapy Rehab, Therapeutic exercise and strength program to right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical medicine treatment.

**Decision rationale:** The California MTUS guidelines recommend physical medicine (therapy) for exacerbations of chronic musculoskeletal pain and post-operatively for carpal tunnel release. In this case a request is made for 8 additional therapy visits for the right wrist for a 31-year-old female who underwent right carpal tunnel release on 12/10/13. However, according to records, the patient already had 12 visits authorized post-operatively, which exceeds the guideline recommendation of 8 maximum. Further, AME on 2/24/14 notes full range of motion, strength, and sensation of the right hand and wrist on examination. Medical necessity for further physical therapy is not established.

**Psychologist Evaluation-Referred to claims examiner:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** According to MTUS guidelines, psychologic evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case a request is made for psychologic evaluation for a 31-year-old female with chronic bilateral hand and wrist pain. Medical necessity is established.