

<b>Case Number:</b>	CM14-0061297		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

This is a 21-year-old female with a date of injury of 9/12/13. The mechanism of injury occurred when she sustained a right hand laceration from a knife. On 3/4/14, it was noted that she continues with her physical therapy program two times a week, which has provided moderate relief to her right wrist and hand symptoms. On 3/28/14, she complained of constant right wrist/hand pain with numbness and tingling. The pain without medications is 8/10, and pain with medications 0/10. Physical therapy is with significant benefits with decreased pain, decreased meds, decreased numbness and tingling, and increase in chores. Objective findings: restricted range of motion of right wrist. The diagnostic impression is Right Carpal Tunnel Syndrome, and s/p (status post) laceration of right thumb. Treatment to date: physical therapy; medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Eight (8) Physical Therapy Visits for the Right Hand/Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Forearm, Wrist, and Hand; Carpal Tunnel Syndrome Physical Therapy Official Disability Guidelines - Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Physical Therapy Guidelines, Sprains and strains of wrist and hand, Carpal tunnel syndrome.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG guidelines state for sprains and strains of the wrist and hand, 9 visits over 8 weeks is recommended. For Carpal tunnel syndrome 1-3 visits over 3-5 weeks is recommended. However, it is unclear how many physical therapy visits she has had to date. On 3/4/14, it was noted that she continues with her physical therapy program two times a week. It is unclear as to how many physical therapy sessions she has actually completed. Therefore, the request for 8 physical therapy visits for the right hand/wrist was not medically necessary.