

<b>Case Number:</b>	CM14-0065236		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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, has a subspecialty in Interventional Spine 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 57-year-old female with date of injury of 09/01/2011. The listed diagnoses per [REDACTED] dated 03/31/2014 are: 1. Low back pain. 2. Arthritis of the back. 3. Back pain. 4. Sciatica. 5. History of carpal tunnel syndrome, status post left-sided repair. 6. Suspected right upper extremity, carpal tunnel syndrome, requiring further diagnostic studies including an EMG/nerve conduction study. 7. Cervicalgia. 8. Myofascial pain syndrome. 9. Suspected left shoulder sprain with possible rotator cuff tear. 10. Cervical facet syndrome, left cervical spine. 11. Mild degenerative disease of the cervical spine. 12. Wrist arthritis. 13. Shoulder arthritis. According to this report, the patient complains of back, neck, and wrist pain. The patient is status post right wrist surgery from 2 weeks ago. The back pain is generalized and located on both sides. She describes her pain as aching, cramping, and spasmodic. The severity of the back pain is moderate. The back pain is episodic, fluctuates in intensity, and was worse after surgery. The physical exam shows bilateral wrist joint is tender in the proximal joint. Strength is 4.5/5. The right wrist is bound up in a gauze. There is bilateral lumbar spine tenderness. Range of motion is diminished. Straight leg raise is negative. Lower extremity exam is within normal limits. Deep tendon reflexes are normal. The Utilization Review denied the request on 04/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x 4 Right Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15.

**Decision rationale:** This patient presents with back, neck, and wrist pain. The patient is status post right wrist carpal tunnel release from 03/18/2014. The provider is requesting 12 physical therapy visits for the right wrist. The MTUS post-surgical guidelines for carpal tunnel syndrome page 15 recommends 3 to 8 visits over 3 to 5 weeks. The records do not show any recent physical therapy reports to verify how many treatments the patient received and with what results. It does not appear that the patient received any postoperative physical therapy. Utilization Review denied the request stating lack of information. In this case, the patient could benefit from postoperative physical therapy. However, the requested 12 sessions exceed MTUS recommended 3 to 8 visits. Recommendation is for not medically necessary.