

<b>Case Number:</b>	CM14-0188140		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 41-year-old gentleman with a date of injury of 01/01/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/28/2014, 09/02/2014, and 10/06/2014 indicated the worker was experiencing right wrist pain after a surgery (carpal tunnel release). Documented examinations consistently described a healing then healed incision and full right wrist joint motion. The note dated 10/06/2014, also described right wrist tenderness at the incision. The submitted and reviewed documentation concluded the worker was suffering from right carpal tunnel syndrome. Treatment recommendations included topical medication as part of wound care, follow up care, and additional physical therapy after the completion of twelve post-operative physical therapy sessions. A Utilization Review decision was rendered on 10/15/2014 recommending non-certification for an additional twelve sessions of right hand physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 12 sessions to the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from right carpal tunnel syndrome. Symptoms were treated with surgery followed by twelve sessions of physical therapy. There was no discussion sufficiently supporting additional sessions beyond those recommended by the Guidelines or detailing extenuating circumstances requiring continued supervision by a therapist. In the absence of such evidence, the current request for twelve sessions of right hand physical therapy is not medically necessary.