

<b>Case Number:</b>	CM15-0004518		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 33 year old female, who sustained an industrial injury on 6/4/2012. The current diagnoses are left carpal tunnel syndrome. Currently, the injured worker complains of pain and swelling in the left hand, especially with activities. Additionally, she reports increased numbness and pain which interferes with her sleep. The treating physician is requesting an additional 18 visits of occupational or physical therapy to the left wrist, which is now under review. On 12/12/2014, Utilization Review had non-certified a request for an additional 18 visits of occupational or physical therapy to the left wrist. The therapy was non-certified based on no medical rationale why further structured therapy was indicated versus a home exercise program. The California MTUS Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy or Physical Therapy 3x6 Left Wrist for 18 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Hand (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG states Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks. ODG additionally states Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. There is no documentation of the functional benefits from the previous physical therapy sessions and plan on how to transition to a home exercise program, as indicated in the guidelines above. Furthermore, there is no plan for why additional sessions are needed and why they are superior to a home exercise program. Therefore, the request for Occupational Therapy or Physical Therapy 3x6 Left Wrist for 18 visits is not medically necessary.