

<b>Case Number:</b>	CM15-0007556		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 59 year old male, who sustained a work related injury on 4/22/13. The diagnoses have included anxiety and panic attacks, right and left carpal tunnel syndrome, and depression. Treatments to date have included left carpal tunnel release, neurodiagnostic studies, oral medications, and 12 acupuncture treatments for pain in both wrists and lower back. The injured worker complains of continued pain and numbness in both hands. He is noted to have decreased sensation in both hands. He has decreased grip strength in both hands. On 12/11/14, Utilization Review non-certified a request for left hand/wrist therapy 2 x 6, The California MTUS, Physical Medicine Guidelines, were cited. On 12/11/14, Utilization Review certified a request for TENS unit 1 month trial, Acupuncture 6 sessions, bilateral wrist braces and a follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy left hand/wrist 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine 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." The medical records indicate that the patient had left carpal tunnel release on 6-10-13. It is unclear from the records if he had physical therapy after, for how long and what were the results. The requesting provider does not document the response to therapy and the necessity for resuming them. There is evidence of right sided carpal tunnel by exam and EMG. The patient refuses to have steroid injections or surgery. At this time, the request for Left hand/wrist therapy 2 x 6 is not medically necessary.