

<b>Case Number:</b>	CM15-0009278		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on November 25, 2013. She has reported bilateral hand and wrist pain. The diagnoses have included bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and bilateral ulnar neuritis. Treatment to date has included medications, physical therapy, and carpal tunnel surgery. Currently, the injured worker complains of continued bilateral hand and wrist pain. The treating physician is requesting additional physical therapy for twelve sessions and a work hardening program. On December 17, 2014 Utilization Review non-certified the request for additional physical therapy and a work hardening program noting the lack of documentation to support the medical necessity of the services. The MTUS chronic pain medical treatment guidelines were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy; twelve (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

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

**Decision rationale:** The patient was injured on 11/25/13 and presents with bilateral hand and wrist pain. The request is for ADDITIONAL PHYSICAL THERAPY 12 SESSIONS. The RFA provided is dated 12/11/14 and the patient is to return to modified work duty on 12/12/14. On 09/02/14, the patient had a right carpal tunnel release. The diagnoses have included bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and bilateral ulnar neuritis. The 10/16/14 report states that the patient has completed five session of physical therapy. MTUS Guidelines regarding post-surgical physical therapy for carpal tunnel syndrome allow for 3-8 visits over 3-5 weeks. The post-surgical time frame is 3 months. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the patient has already completed 5 sessions of therapy. An additional 12 sessions of physical therapy was requested for on 12/05/14. Since the patient is past the 3 months post-op time frame, MTUS page 98-99 was referred to. Twelve sessions of physical therapy exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.

**Work hardening program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

**Decision rationale:** The patient was injured on 11/25/13 and presents with bilateral hand and wrist pain. The request is for WORK HARDENING PROGRAM. The RFA provided is dated 12/11/14 and the patient is to return to modified work duty on 12/12/14. On 09/02/14, the patient had a right carpal tunnel release. The diagnoses have included bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and bilateral ulnar neuritis. MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." MTUS guidelines, page 125-126 also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. The reason for the request is not provided. The patient is to return to modified work duty on 12/12/14. In this case, there is no discussion on any "job demands that exceed abilities," as required by MTUS guidelines. In

addition, a screening process prior to consideration has not taken place. There are no prior functional capacity evaluations provided. The requested work hardening program IS NOT medically necessary.