

<b>Case Number:</b>	CM15-0100453		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 45 year old female who sustained an industrial injury on 04/30/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI of the right wrist and electrodiagnostic and nerve conduction studies of the bilateral upper extremities. Current complaints include right wrist and shoulder pain. Current diagnoses include right carpal tunnel syndrome and tenosynovitis of the wrist. In a progress note dated 03/27/15 the treating provider reports the plan of care as a right dorsal wrist tenosynovectomy and a right carpal tunnel release, with a surgical assistant, right shoulder surgery, x-rays of the bilateral hands and wrists done on the date of service, as well as Motrin an needed and postoperative physical therapy to the right hand and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x week x 4 weeks for the right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the right wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome right wrist; and tenosynovitis wrist. Subjectively, according to a March 27, 2015 progress note, surgery to the right hand was postponed. The treatment plan contains a request for right dorsal wrist tenosynovectomy to be done at the same time as the right carpal release as soon as possible. Additionally, consider the request for postoperative physical therapy on the right hand and wrist three times per week. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, negative direction or no direction prior to continuing with physical therapy. The treating provider requested 12 physical therapy sessions in excess of the recommended guidelines. Additionally, the surgery has not been authorized at this time, and as a result, postoperative physical therapy is not clinically indicated at this time. Consequently, absent compelling clinical documentation pursuant to guideline recommendations with 12 sessions postoperative physical therapy requested with a pending surgical request, physical therapy three times per week times four weeks to the right wrist is not medically necessary.