

<b>Case Number:</b>	CM15-0131204		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female, who sustained an industrial injury on 1/15/13. She reported pain in her neck, right shoulder, right wrist and hand related to repetitive motions. The injured worker was diagnosed as having right shoulder adhesive capsulitis, right biceps tendinitis, flexor carpal radialis tendinitis of the right wrist and status post excision right wrist ganglion cyst. Treatment to date has included physical therapy x 6 sessions, 3 separate surgical procedures on the right hand, an EMG-NCS on 10/9/14 showing right median neuropathy and Percocet. As of the PR2 dated 6/26/15, the injured worker reports that her pain was improving following surgery while she was going to physical therapy. The physical therapy has been discontinued and she reports that the pain has increased markedly in the right hand. Objective findings include forward flexion of the right shoulder 120 degrees, abduction 100 degrees and a positive impingement sign. The treating physician requested physical therapy x 12 sessions to the right wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 sessions Right wrist and hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 21.

**Decision rationale:** The claimant sustained a work injury in January 2013 and underwent a right rotator cuff repair and treatment for adhesive capsulitis in December 2013. She underwent a right carpal tunnel release with DeQuervain's release and excision of a ganglion cyst on 04/23/15. When seen, she had completed six physical therapy treatment sessions. She was having increased pain. Physical examination findings included a BMI of nearly 38. There was decreased and painful right wrist range of motion with tenderness. Finkelstein's testing was positive. Authorization for additional physical therapy was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks and 14 visits over 12 weeks after a DeQuervain's release. In this case, only partial concurrent treatment would be expected. The number of treatments being requested is consistent with guideline recommendations and is medically necessary.