

<b>Case Number:</b>	CM15-0136141		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, 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 44 year old male, who sustained an industrial injury on 07/17/2014. He has reported injury to the right hand. The diagnoses have included right hand pain, status post injury, status post surgery; right carpal tunnel syndrome; status post endoscopic right carpal tunnel release and right long finger extensor tenolysis; medication-induced gastritis; neuropathy; anxiety; depression; and insomnia. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Ibuprofen, Naproxen, Tramadol, Gabapentin, Elavil, Trazodone, and Omeprazole. A progress note from the treating physician, dated 06/17/2015, documented a follow-up visit with the injured worker. The injured worker reported increased tenderness to light touch over his incision site over the right hand; he is feeling a pulling sensation in the hand as well; he is currently reporting 7/10 pain without medications, and with medications the pain is 4/10; and he continues to do well with physical therapy. Objective findings included weakness noted in the right grip with some hypersensitivity in the right hand at the site of his incision. The treatment plan has included the request for physical therapy, right hand/finger, 2 times weekly for 5 weeks, 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Right Hand/ Finger, 2 times wkly for 5 wks, 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**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, & Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions of unknown number of sessions with documentation of improvement in pain. However, there is no documentation of specific objective functional improvement with the previous sessions. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS which is 3- 8 sessions post operatively for carpal tunnel surgery. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.