

<b>Case Number:</b>	CM15-0147367		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Hawaii  
 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 11-12-13. Initial complaints and diagnoses are not available. Treatments to date include bilateral carpal tunnel release, medications, and physical therapy. Diagnostic studies are not addressed. Current complaints include pain in swelling in the right wrist, sensitivity in the left hand, and pin in the neck and shoulders. Current diagnoses include cervical strain, degenerative disc disease, right shoulder impingement syndrome, and early degenerative osteoarthritis in the hands and fingers. In a progress note dated 06-18-15 the treating provider reports the plan of care as additional therapy to the right hand, bilateral wrist sprints for night time use, acupuncture to the neck and shoulders, medications including Ativan and Ambien, and laboratory studies. The requested treatments include additional physical therapy to the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the right hand:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 20.

**Decision rationale:** According to the records, it appears the patient is still having pain and stiffness in the both wrists following bilateral carpal release surgery right greater than left. The current request is for Twelve (12) physical therapy sessions for the right hand. The CA MTUS does support Post Surgical physical therapy for median nerve repair as follows: Median Nerve Repair: Forearm Wrist [DWC]: Postsurgical treatment: 20 visits over 6 weeks postsurgical physical medicine treatment period: 6 months. In this case, the patient is still in the post-surgical treatment period as she underwent carpal release surgery on 5/14/15. The records indicate the patient has completed 6 sessions to date. The MTUS guidelines do allow 20 visits over 6 weeks. The request is supported by the CA MTUS Post-Surgical guidelines and therefore is medically necessary.