

<b>Case Number:</b>	CM15-0163482		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This is a 40 year old female with a March 6, 2006 date of injury. A progress note dated July 2, 2015 documents subjective complaints (left wrist and hand pain rated at a level of 8 out of 10; right wrist and hand pain rated at a level of 7 out of 10), objective findings (diminished sensation over the median nerve distribution bilaterally; positive Tinell's bilaterally; cervical paraspinal spasms decreased), and current diagnoses (right carpal tunnel syndrome; left carpal tunnel syndrome). Treatments to date have included right carpal tunnel release, electrodiagnostic studies that showed bilateral carpal tunnel syndrome, medications, and transcutaneous electrical nerve stimulator unit. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included twelve sessions of physical therapy to the bilateral wrists and hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the Bilateral Hands/Wrist Three (3) Times a Week for Four (4) Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant has a remote history of a work-related injury in March 2006 and is being treated for bilateral wrist and hand pain. The claimant has a history of bilateral carpal tunnel syndrome and is status post right carpal tunnel release. When seen, there was decreased cervical spine muscle spasm. There was positive Tinel's testing bilaterally with decreased grip strength. Authorization for 12 physical therapy treatment sessions was requested. There is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome. When managed medically, guidelines recommend up to 1-3 treatment sessions over 3-5 weeks. In this case, the claimant is being treated for chronic pain with no new injury and appears to have already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.