

<b>Case Number:</b>	CM15-0194905		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 33 year old, female who sustained a work related injury on 8-7-14. A review of the medical records shows she is being treated for right wrist pain. Treatments have included 6 sessions plus more (number) of physical therapy prior to surgery ("with no relief of symptoms"), 4 sessions of acupuncture ("without relief of symptoms") and a right carpal tunnel release. In the progress notes, the injured worker reports right wrist pain. She reports numbness is "significantly better" with surgery. She reports right hand weakness. In the objective findings dated 8-14-15, she has a healed surgical scar on the right wrist. She has decreased grip strength of right hand. She has intact sensation in right hand. She is currently not working. The treatment plan includes requests for physical therapy to right hand and a follow-up appointment. The Request for Authorization dated 8-13-15 has requests for a follow-up evaluation and for physical therapy. In the Utilization Review dated 9-10-15, the requested treatment of physical therapy 2 x 6 for right hand-wrist is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 weeks for the right hand/wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** The patient presents with pain affecting the right hand and wrist. The current request is for Physical Therapy 2x6 weeks for the right hand/wrist. The treating physician report dated 9/25/15 (16B) states, "For the right hand and wrist, she will finish up her physical therapy." MTUS-PSTG supports post-operative physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel release. The MTUS guidelines only provide a total of 3-8 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received 12 sessions of physical therapy for the left knee previously. The patient is status post carpal tunnel release on 7/9/15 (1A). In this case, the patient has received 12 sessions of postoperative physical therapy to date and the current request of 12 visits exceeds the recommendation of 3-8 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the patient has received more than the recommended quantity of sessions and has already established a home exercise program. The current request is not medically necessary.