

<b>Case Number:</b>	CM15-0038980		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 male, who sustained an industrial injury on 9/3/2014. He reported injuries to his bilateral hands and wrists. The injured worker was diagnosed as having carpal tunnel syndrome and contusion of finger. Treatment to date has included physical therapy and pain medication. Currently, the injured worker complains of dull to sharp pain in the bilateral wrists and hands, occurring most of the time, worse on the right. He complained of weakness in the left hand. He complained of swelling, numbness and tingling in the bilateral hands and wrists. Physical exam on 12/4/2014 revealed decreased grip strength. The treatment plan was not documented. It was noted that the last physical therapy was about two months; the injured worker stated that physical therapy did not help.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right wrist three times a week for 6 weeks (18): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy guidelines.

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

**Decision rationale:** The patient is a 60-year-old male with an injury on 09/03/2014. He has bilateral injuries to his wrists and hands and was diagnosed with carpal tunnel syndrome. On 12/04/2014, he had decreased grip strength. He had physical therapy previously for this injury and there was no documented benefit. MTUS, Chronic Pain, Physical Medicine limits the maximum number of physical therapy visits at 9 - 10 visits. Thus, the requested additional 18 physical therapy visits are not consistent with MTUS guidelines and are not medically necessary. Also, the definitive treatment is carpal tunnel release and depending on how long prior to surgery the patient waits, the results of the release procedure depend on the time to surgery. 18 additional physical therapy visits are not medically necessary.