

<b>Case Number:</b>	CM15-0040546		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

### 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 30 year old male who sustained an industrial injury on 08/01/2013. Current diagnosis includes right wrist carpal tunnel syndrome. Previous treatments included medication management, left wrist carpal tunnel release performed on 01/20/2015, and splints. Current diagnostic studies included electromyography study dated 05/27/2014. Report dated 01/20/2015 noted that the injured worker presented for a one week post operative follow-up for the left wrist and right wrist pain with numbness and tingling. Physical examination was positive for abnormal findings. The treatment plan included bracing at night and he is to begin physical therapy on the left wrist. For the right wrist, the physician stated that he is now a candidate for right wrist endoscopic tunnel release. Noting that he has failed conservative treatments, which includes modifications and splints. The physician requested authorization for right carpal tunnel release, noting that the post-operative course will be typical and with modified work activity occurring at about 4 weeks after surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks (12 sessions) right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with bilateral wrist pain with numbness and tingling. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS (12 SESSIONS) RIGHT WRIST. Patient is status post left wrist endoscopic carpal tunnel release 01/14/15. Examination to the bilateral wrists on 01/20/15 showed positive Tinel's and Phalen's at the right wrist. Patient's diagnosis per 11/11/14 progress report includes bilateral wrist carpal tunnel syndrome, moderate to severe. Per 11/11/14 progress report, patient's medication includes Tramadol. Patient is temporarily totally disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, only one progress report was provided. Patient is status post left carpal tunnel release surgery 01/14/15. The request, however, is for 12 sessions of physical therapy for the right hand. UR letter dated 02/09/15 has modified the request to 8 sessions. Examination to the bilateral wrists on 01/20/15 showed positive Tinel's and Phalen's at the right wrist. There is no evidence of prior physical therapy treatments. A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, the request for 12 sessions exceeds what is allowed by MTUS for patient's condition. Therefore, the request IS NOT medically necessary.