

<b>Case Number:</b>	CM15-0044764		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 53 year old female, who sustained an industrial injury on 08/27/2013. She has reported injury to the right hand. The diagnoses have included carpal tunnel syndrome, right wrist; fracture radius distal closed, right; and status post ORIF (open reduction-internal fixation) of the right distal radius. Treatment to date has included medications, bracing, physical therapy, and surgical intervention. Medications have included Ibuprofen. A progress note from the treating physician, dated 01/15/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of continued pain, stiffness, swelling, and discomfort with limited motion of the right hand and wrist; and decreased strength with increasing numbness. Objective findings included limited motion with swelling of the right wrist; positive Tinel's sign right carpal tunnel; and decreased grip strength. The treatment plan has included surgical intervention to proceed with hardware removal from the right distal radius with right carpal tunnel release. Request is being made Physical therapy 3xwk x 5 wks, right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3xwk x 5wks, right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 74, 98-99. Decision based on Non-MTUS Citation MD Guidelines, Carpal Tunnel Syndrome.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. MTUS continues to specify maximum of 3-8 visits over 3-5 weeks. MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The treating physician notes on 3/5/14 note continue with the home exercise program for the right hand. I gave her several exercises to perform. The treating physician has provided medical documentation to meet the above guidelines and the number of visits is within guideline recommendations. As such, the request for Physical therapy 3xwk x 5wks, right hand is medically necessary.