

<b>Case Number:</b>	CM15-0048152		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Internal 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 50-year-old female who sustained an industrial injury on 09/25/2013. Current diagnosis includes right wrist carpal tunnel syndrome. Previous treatments included medication management, right wrist brace, and physical therapy. Diagnostic studies included EMG/nerve conduction study. Report dated 02/13/2015 noted that the injured worker presented with complaints that included pain and numbness down the right hand to the first three digits, and intermittently to her entire hand. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continue to use of right wrist brace at night, re-request authorization for physical therapy to include ultrasound, massage, and therapeutic exercises 3 times per week for 4 weeks for the right wrist, continue medications previously dispensed, and possible future surgery when injured worker decides.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel chapter, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines. ODG Carpal Tunnel Syndrome (Acute & Chronic) Physical therapy (PT), Physical medicine treatment.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) recommends 1-3 physical therapy visits over 3-5 weeks. Medical records document a diagnosis of right wrist carpal tunnel syndrome. Official Disability Guidelines (ODG) recommends 1-3 physical therapy visits for carpal tunnel syndrome. The request for 12 visits of PT physical therapy exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.