

<b>Case Number:</b>	CM15-0048531		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<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, Indiana, New York  
 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 55 year old female, who sustained an industrial injury on June 30, 2013. She reported pain in the neck and right shoulder with numbness and tingling in the right hand. The injured worker was diagnosed as having right carpal tunnel syndrome, muscle strain of the neck, trigger finger and shoulder impingement. Treatment to date has included diagnostic studies, steroid injections to the right hand, acupuncture, medications and work restrictions. Currently, the injured worker complains of pain in the neck and right shoulder with numbness and tingling in the right hand. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Carpal tunnel release was recommended. Evaluation on November 10, 2014, revealed continued pain in the shoulder, neck and right upper extremity. Evaluation on December 30, 2014, revealed continued pain and numbness. Surgical intervention was scheduled for January 14, 2015. Evaluation on February 6, 2015, revealed continued pain although less than prior to surgery, and numbness and tingling of the hand was eliminated. The plan included physical and occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 weeks, 6 sessions for the neck and right shoulder: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Shoulder sections, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks, six sessions for the neck and right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are neck muscle strain; impingement syndrome right shoulder; right carpal tunnel syndrome; right trigger finger; and history carpal tunnel surgery. The documentation indicates the injured worker had prior physical therapy. The injured worker completed two sessions and stopped going. Typically, patients should be formally assessed after a six visit clinical trial prior to continuing with physical therapy. The injured worker stopped going after two treatments. When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record warranting an extension/additional of physical therapy. Consequently, absent clinical documentation for the objective functional improvement (from prior physical therapy-two sessions) with compelling clinical facts for additional physical therapy/extension of physical therapy, physical therapy two times per week times three weeks, 6 sessions for the neck and right shoulder is not medically necessary.

**Occupational Therapy post-operative right hand (middle trigger finger) 2x6 weeks, 12 sessions:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Physical Therapy, Occupational Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy postoperative to the right hand, middle trigger finger two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are neck muscle strain; impingement syndrome right shoulder; right carpal tunnel syndrome; right trigger finger; and history carpal tunnel surgery. The injured worker underwent carpal tunnel release surgery and trigger finger surgery.

on January 14, 2015. This request for occupational therapy is the initial physical therapy request. The guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating physician requested 12 physical therapy sessions in excess of the recommended guidelines (six). Consequently, absent compelling clinical documentation for 12 physical therapy sessions according to the recommended guidelines, occupational therapy postoperative to the right hand, middle trigger finger two times per week times six weeks is not medically necessary.