

<b>Case Number:</b>	CM15-0052849		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 2/11/2013. She reported injuries to both hands. Diagnoses have included bilateral carpal tunnel syndrome and left elbow medial epicondylitis. Treatment to date has included carpal tunnel release surgery, right thumb and index finger trigger digit release, bracing and medication. According to the progress report dated 10/28/2014, the injured worker complained of pain described as sharp, burning and throbbing with numbness and tingling. She also complained of weakness in both hands. Exam of the bilateral hands revealed tenderness about her incision. Per the progress report dated 2/25/2015, the injured worker complained of radiating pain. Physical exam of the hands showed positive Tinel's sign and positive Durkin's compression test. There was tenderness to palpation. Authorization was requested for additional physical therapy three times a week for four weeks for bilateral arm/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 3x4 for the bilateral arm/wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in February 2013 and underwent carpal tunnel release surgery in July 2014 followed by post-operative physical therapy. She continues to be treated for weakness and ongoing numbness and tingling. Carpal tunnel release surgery is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant is more than 6 months status post surgery, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.