

<b>Case Number:</b>	CM15-0056033		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/26/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 63-year-old female, who sustained an industrial injury on 6/12/06. The injured worker was diagnosed as having carpal tunnel syndrome, sacrum disorders, sciatica and pain in thoracic spine. Treatment to date has included physical therapy (hand), oral medications, topical medications and wrist splints. Currently, the injured worker complains of shoulder, bilateral hand and lower back pain. The injured worker states her pain is improved with rest and physical therapy; the pain is lower for approximately one week following therapy. The treatment plan included a request for authorization for 12 sessions of physical therapy and prescriptions for Nabumetone, Pantoprazole and Cyclobenzaprine. The physical exam dated 1/14/15 was not abnormal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of continued hand therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**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.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 sessions continued hand therapy 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 carpal tunnel syndrome; disorders sacrum; sciatica; and pain in thoracic. The guidelines for physical therapy (carpal tunnel syndrome) include 1 to 3 visits over 3 to 5 weeks (medical treatment). This treatment allows for fading of treatment frequency plus active self-directed home physical therapy. The documentation shows 8 sessions of physical therapy were authorized in 2013. On November 5, 2014, a progress note shows 12 sessions of physical therapy were approved. The physical therapy assessment from February 23, 2015 states the patient is "improving with decreased symptoms of carpal tunnel syndrome but still has tingling and nighttime pain". When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. The total number of physical therapy sessions rendered to the affected wrist (for carpal tunnel syndrome) is unclear, but two progress notes indicate 8 sessions from 2013 and 12 sessions from November 2014 were authorized. The injured worker should be well versed in exercises performed and learned at physical therapy to continue a home exercise program. Consequently, absent compelling clinical documentation with objective functional improvement from past physical therapy, (additional) six sessions continued hand therapy is not medically necessary.