

<b>Case Number:</b>	CM15-0056886		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old female, with a reported date of injury of 03/17/2011. The diagnoses include bilateral carpal tunnel syndrome, right wrist sprain, right lateral epicondylitis, right shoulder sprain, status post right carpal tunnel release, and status post right trigger finger release. Treatments to date have included a right carpal tunnel release and right hand ring finger and middle finger release on 02/06/2015, and oral medication. The progress report dated 02/20/2015 reveals objective findings include painless palpation over the acromioclavicular joint and greater tuberosity of the right shoulder, no tenderness in the subacromial space of the right shoulder to palpation, tenderness at the lateral epicondyle of the right elbow and extensor compartment, full and painless range of motion of the right elbow, tenderness on the volar aspect of the right wrist, and restricted and painful range of motion of the right wrist. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested hand therapy for the bilateral wrists/hands for 12 sessions. The request was modified by utilization review to a series of 6 sessions with plan for re-evaluation prior to further sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent - Hand therapy x 12 visits bilateral wrists/hands:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15, 22.

**Decision rationale:** The case involves a chronic work related injury resulting in shoulder and back symptoms. The provided records do not clearly indicate evidence of objective functional improvement after prior sessions of physical therapy or indication of number of PT visits previously completed. A noted dated 2/2/15 states that the patient is "progressing well" and suggests that care will be transferred to a pain specialist due to chronicity of symptoms. The MTUS does not specifically recommend physical therapy for chronic shoulder injuries, and for low back pain, the MTUS recommends a trial of visits with a total of up to 18 visits over 6-8 weeks with evidence of functional improvement. The ODG shoulder chapter recommends physical therapy for unspecified shoulder arthropathy with a total of 9 visits over 8 weeks. Overall, the guidelines do not recommend 24 visits of physical therapy for the back or shoulder in cases that are non-operative, and at this time the request for 24 visits without further plan to follow up and re-evaluate for functional improvement is not medically necessary.