

<b>Case Number:</b>	CM15-0087637		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Emergency 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 42 year old female, who sustained an industrial injury on October 21, 2014. She reported twisting and hyperextending her right hand and hyperextending her right index finger. The injured worker was diagnosed as having right carpal tunnel syndrome, right wrist sprain, right wrist deQuervain's tenosynovitis, and sprained finger of the right hand. On January 28, 2015, an electromyography/nerve conduction study revealed findings consistent with moderate right carpal tunnel syndrome. On April 4, 2015, revealed enlargement of the median nerve and a triangular fibrocartilage complex (TFCC) tear on the ulnar side of the right wrist. Treatment to date has included work modifications, a wrist support, carpal tunnel splint, acupuncture, physical therapy, a home exercise program, steroid injection, and non-steroidal anti-inflammatory medication. On April 20, 2014, the treating physician noted continued, but improved carpometacarpal joint of the right thumb with numbness and tingling of the right hand. The prior steroid injection was helpful, but did not completely resolve her symptoms. The physical exam revealed numbness and tingling in the median nerve distribution and pain on palpation of the carpometacarpal joint of her right thumb. The treatment plan includes physical therapy for her carpal tunnel. The requested treatment is 12 sessions of physical therapy for right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. However, There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). Guidelines recommend a trial of 4-5 sessions and potentially up to 10 if there are signs of improvement. Patient has documented approval of 8PT sessions had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Number of requested sessions exceed maximum recommended. Additional 12 physical therapy sessions are not medically necessary.