

<b>Case Number:</b>	CM15-0243294		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 47 year old female who sustained an industrial injury on 12-11-2001. The injured worker is being treated for bilateral carpal tunnel syndrome status post right trigger finger release. Treatment to date has included surgical intervention (right trigger thumb release and left trigger finger release times three in 2013 and right hand trigger finger release at the index, long and ring fingers on 3-30-2015) followed by postoperative physical therapy (8 visits after the most recent surgery). Per the Primary Treating Physician's Progress Report dated 10-30-2015, the injured worker presented for orthopedic reevaluation and treatment of her right hand and bilateral knees. She reported pain in the right shoulder rated as 6 out of 10, back pain rated as 7 out of 10, bilateral knee pain rated as 7 out of 10, bilateral hand pain rated as 7 out of 10 and neck pain rated as 6 out of 10. Objective findings of the right hand included tenderness with some blisters due to recent burn from her cup of hot water spilling due to lack of coordination and dexterity of the hand. She has a well healed carpal tunnel site and there is tenderness to the palm. There is inability to close the hand with fingertips to mid-palmar crease. Per the medical records dated 10-30-2015 there is no documentation of significant functional improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the prior therapy. Work status was not documented at this visit. The plan of care included 8 additional visits of therapy for the right hand for strengthening as it does not close all the way. She has pain and weakness with forearm radiating pain at night and in the early morning; therefore only 8 visits are not enough. Authorization was requested for 8 (2x4)

additional sessions of physical therapy for the right hand. Per the Utilization Review letter dated 11-19-2015, the request for 8 sessions of physical therapy was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy right hand 2 times a week for 4 weeks (8 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the worker has already completed the 8 maximum physical therapy sessions recommend by the MTUS Postoperative Treatment Guidelines and additional physical therapy is being requested due to inability to close the right hand all the way. It is reasonable to consider physical therapy at any point of limited function, however, supervised therapy should be limited. There was no indication that this worker could not continue therapy in the form of home exercises as taught by the physical therapist. Regardless, there was no clearly documented benefit with prior sessions to justify additional sessions. Therefore, this request will be considered medically unnecessary.