

<b>Case Number:</b>	CM14-0121083		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old female with an injury date of 10/11/13. Based on the 06/05/14 progress report provided by [REDACTED], the patient complains of bilateral hand pain. Physical examination revealed positive Tinels and Phalen's signs. Patient has been improving with physical therapy (number of visits not documented) and medication. It is stated under treatment plan that patient will be extended physical therapy 2 x 6 to bilateral hands, and "still considering right hand carpal tunnel release surgery." Per progress report dated 04/24/14, the patient failed conservative treatment of physical therapy including injection. She wears a brace and relies on medications for pain and symptomatic relief. EMG/NCV findings dated 11/11/13 are positive for carpal tunnel syndrome, bilateral hands. Diagnosis 06/05/14 are joint derangement uns ankle; carpal tunnel syndrome and sprain of hand OT. [REDACTED] is requesting Physical Therapy for both hands, 2 times a week for 6 weeks, Qty: 12 sessions. The utilization review determination being challenged is dated 07/22/14. The rationale is "non-certified based on guidelines." [REDACTED] is the requesting provider and he has provided treatment reports from 02/04/14 - 06/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for both hands, 2 times a week for 6 weeks, QTY: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Wrist and Hand (updated 02/18/14), Physical/Occupational Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15 and 98-89, Postsurgical Treatment Guidelines.

**Decision rationale:** The patient presents with bilateral hand pain. The request is for Physical Therapy for both hands, 2 times a week for 6 weeks, QTY: 12 sessions. Per progress report dated 06/05/14, provider states under treatment plan that patient will be extended physical therapy 2 x 6 to bilateral hands. The provider is awaiting authorization for right hand carpal tunnel release surgery. Both post-operative and regular guidelines were used for this request. For Carpal Tunnel Syndrome, the MTUS post-surgical guides pg15 recommends for "postsurgical treatment (endoscopic) 3-8 visits over 3-5 weeks. Postsurgical treatment (open): 3-8 visits over 3-5 weeks \*postsurgical physical medicine treatment period: 3 months. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/05/14, patient has been improving with physical therapy (number of visits not documented). It is not known whether the right hand carpal tunnel surgery will be authorized, however the request for "continued physical therapy" and/or "post-operative physical therapy" exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.