

<b>Case Number:</b>	CM14-0145588		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 and Rehabilitation, 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 injured worker is a 46-year-old female who reported an injury on 03/14/2012. The mechanism of injury was not provided. On 07/15/2014, the injured worker presented with complaints of left shoulder pain, left forearm pain, left wrist pain, left hand pain, and cervical spine pain. The injured worker is status post left hand carpal tunnel release on 02/08/2014. Upon examination, there was a well healed incision secondary to carpal tunnel release surgery on the left hand. There was hypoesthesia present on the median nerve distribution. Diagnoses were left shoulder sprain/strain with subacromial impingement and acromioclavicular joint necrosis, with elbow sprain/strain, left wrist carpal tunnel syndrome, moderate as demonstrated by nerve conduction test, and status post left carpal tunnel release on 02/08/2014. The therapy included physical therapy and medications. The provider recommended physical therapy 2 times a week for 6 weeks for the left hand and wrist. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 X 6 LEFT HAND/WRIST:** Upheld

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

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

**Decision rationale:** The request for physical therapy 2x6 left hand and wrist is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and it can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured worker's are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy over 4 weeks. The amount of physical therapy visits the injured worker underwent was not provided. There is no significant barrier to transitioning the injured worker to independent home exercise program. As such, medical necessity has not been established.