

<b>Case Number:</b>	CM15-0019201		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 24 year old female, who sustained an industrial injury on February 27, 2012. She has reported an arm injury. The diagnoses have included articular cartilage disorder involving forearm. Treatment to date has included osteotomy, and physical therapy. Currently, the IW is seen for a right hand surgery follow-up. She has already completed 10 of 12 hand therapy sessions as of December 8, 2014. Physical findings indicated increased range of motion with wrist flexion from 70 to 80 degrees, and radial deviation improved from 20 to 35 degrees, with ulnar deviation range of motion increasing by 5 degrees. She continues to have occasional pain. On January 14, 2015, Utilization Review modified certification of hand therapy, quantity #3. The MTUS guidelines were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of hand therapy two times weekly for six weeks for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 2x6 for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Hand (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks." ODG additionally states "Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. Medical documentation provided indicate that this patient has already completed 10 of the 12 physical therapy sessions approved. The treating physician has not indicated why this patient is not able to transition to the home exercise program at this time or extenuating circumstances that warrant therapy in excess of guideline recommendations. As such, the request for Hand therapy 2x6 for the right hand is not medically necessary at this time.