

<b>Case Number:</b>	CM15-0112466		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female, who sustained an industrial injury on 2/22/13. The injured worker was diagnosed as having status post right de Quervain's release, status post right carpal tunnel release, status post remote right shoulder and cubital tunnel syndrome of right upper extremity. Treatment to date has included right carpal tunnel release, right de Quervain's release, remote right shoulder surgery, physical therapy, oral medications and activity restrictions. (EMG) Electromyogram studies of bilateral upper extremities performed on 4/15/15 revealed electrophysiological evidence suggestive of early or mild bilateral median sensory nerve neuropathy. Currently, the injured worker complains of right ulnar nerve symptoms radiating from the right elbow and right hand. She is temporarily totally disabled. Physical exam noted tenderness with a positive Tinel sign over the right cubital tunnel with hypoesthesia in the median distribution and healed incisions throughout the right wrist area. The treatment plan included a request for additional 8 visits 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:

**8 physical therapy sessions for the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many therapy sessions the patient has been provided, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for this patient's diagnoses. Finally, it appears the patient has recently been recommended for surgery. It is unclear exactly how many of the patient's current symptoms are related to the lesion for which surgery is being sought as opposed to other conditions. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.