

<b>Case Number:</b>	CM15-0127089		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, California

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 is a 37 year old female who sustained a work related injury July 11, 2014. Past history included right carpal tunnel release, January 2015. According to physical therapy notes, dated June 8, 2015, the injured worker presented to therapy with a brace on both wrists and hands. There is mild and boggy swelling at the right hand and wrist and mild raised and hypersensitive scarring at the right palm. The right handed pain is rated 9/10 and worse with gripping and twisting and better with medication and rest. Current medication is documented as Celecoxib. The right wrist strength testing is globally painful. There is moderate tenderness to palpation throughout the right palm/wrist/hand. Treatment provided included electrical stimulation, ultrasound/phonophoresis, paraffin bath, cryotherapy, and hot packs. Diagnosis is documented as carpal tunnel syndrome. Treatment plan included a review of the home program for scar massage and gripping. At issue, is the request for authorization for 12 additional physical therapy treatments, right wrist. Patient has received 19 post op physical therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy 1-2 times a week for 6 weeks for the right wrist as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 3-8 visits over 3-5 weeks and postsurgical physical medicine treatment period is 3 months. Patient has received 19 post op physical therapy for this injury. The requested additional visits in addition to the previously certified physical therapy sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals." Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient's surgical history includes right carpal tunnel release on January 2015. The patient is past the post surgical physical medicine treatment period. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The request for 12 additional physical therapy 1-2 times a week for 6 weeks for the right wrist as an outpatient is not medically necessary or fully established in this patient.