

<b>Case Number:</b>	CM15-0061757		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Massachusetts

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 53 year old male, who sustained an industrial injury on October 21, 2013. The injured worker was diagnosed as having carpal tunnel syndrome and pain in joint hand. Treatment and diagnostic studies to date have included physical therapy. A progress note dated March 9, 2015 provides the injured worker complains of right wrist pain unchanged since last visit and rated 4/10. He complains of numbness, tingling and stiffness. Physical exam notes tenderness. X-rays were reviewed. The plan includes additional physical therapy and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines.(2) Carpal Tunnel Syndrome (Acute & Chronic), Physical medicine treatment.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and is being treated for carpal tunnel syndrome and hand pain. Treatments have included physical therapy and as of December 17, 2014, the claimant had attended 21 treatment sessions. Guidelines indicate that there is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome and recommend 1-3 visits over 3-5 weeks when being managed medically. In this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the claimant has recently had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the requested additional therapy was not medically necessary.