

<b>Case Number:</b>	CM15-0069862		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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

### 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 female, who sustained an industrial injury on 2/16/2011. The mechanism of injury is unknown. The injured worker was diagnosed as status post bilateral shoulder arthroscopy and bilateral carpal tunnel syndrome. Bilateral upper extremities electromyography (EMG) showed no radiculopathy but did show carpal tunnel syndrome. Treatment to date has included physical therapy, hand splints, shoulder surgery, occupational therapy and medication management. In a progress note dated 3/5/2015, the injured worker complains of bilateral hand pain, numbness and tingling. The treating physician is requesting 10 additional physical therapy visits for bilateral wrists and bilateral carpal tunnel braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x5 for bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional Physical Therapy 2x5 for bilateral wrists is not medically necessary and appropriate.

**Bilateral carpal tunnel braces:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Forearm-Wrist-Hand Complaints, Wrist Brace, page 265.

**Decision rationale:** ACOEM and ODG recommend the use of splinting/bracing as a treatment option for diagnoses of carpal tunnel syndrome to provide symptomatic relief with statistical evidence of predicted efficacy for duration of symptoms, constant paresthesia, positive Phalen's less than 30 seconds, flexor tenosynovitis, and over age 50. Submitted reports have adequately demonstrated the medical necessity for treatment with the wrist splint with clearly documented clinical presentation and limitations to support for this DME. The Bilateral carpal tunnel braces medically necessary and appropriate.