

<b>Case Number:</b>	CM13-0001423		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 04/19/2010. A request for authorization of 06/26/2013 reports the diagnoses of carpal tunnel syndrome, pain, and osteoarthropathy. A prescription of 06/20/2013 for hand therapy, reports a diagnosis of status post ulnar osteoplasty with a neurovascular repair. On 06/20/2013, hand therapy reevaluation noted an injury dated 04/19/2010 and a surgery dated of 04/10/2013. The patient was status post an ulnar shortening for an ulnar abutment syndrome and also was status post an ulnar nerve repair. The treatment plan included an emphasis on controlling and normalizing and continuation of the current treatment program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHTEEN (18) PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Postsurgical Treatment Guidelines indicate that with the documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. The medical records are unclear at this time

regarding the specific functional goals of additional physical therapy. The medical records do not contain sufficient detail to support the request for additional physical therapy sessions. This request is not medically necessary.