

<b>Case Number:</b>	CM13-0015226		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, New Jersey, and Pennsylvania. 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 physician 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 claimant is a 53-year-old gentleman who was injured in a work-related accident on February 11, 2008. Records indicate that since time of injury, he has undergone multiple surgical processes, including a left shoulder SLAP repair with rotator cuff repair in November of 2010, a revision left shoulder rotator cuff repair in August of 2012, and a left wrist carpal tunnel release procedure in June of 2013. A progress report from September 11, 2013 by [REDACTED] states that the claimant had left hand continued weakness following the carpal tunnel release procedure. His physical examination showed diminished left grip strength with no neurologic findings noted and well healed incisions. It was indicated that the claimant had already attended a significant course of formal physical therapy. Based on his continued weakness an additional eight sessions of hand therapy was recommended for further treatment. The total number of therapy sessions in the claimant's postoperative setting is unclear to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**eight sessions of postoperative physical therapy to treat the left hand:** Upheld

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

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

**Decision rationale:** Postsurgical physical medicine treatment period would take place three months after a carpal tunnel release procedure; guidelines recommend 3-8 visits over a 3-5 week period. The records in this case indicate that the claimant has already attended a significant course of formal physical therapy to date. At present there would be no indication as to why transition to an aggressive home exercise program would be able to occur. The continued need of formal physical therapy at this stage in the postoperative course of care would not be indicated; therefore, the request is denied.