

<b>Case Number:</b>	CM13-0017131		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. 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 fifty one-year-old female who was injured in a work related accident on July 30, 2012. She injured her upper extremity while squeezing icing to decorate cakes. She is with a current working diagnosis of left carpal tunnel syndrome which is confirmed by electro diagnostic studies. An August 15, 2013 assessment with treating physician [REDACTED] indicated the claimant had failed conservative measures and continued to be symptomatic with positive Tinel and Phalen's testing on examination. Continuation of conservative care versus operative intervention was discussed. The claimant wished to proceed with operative carpal tunnel release procedure. The specific date of surgery is unclear. There is a request for initial post-operative physical therapy treatment to the left hand for twelve sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial post-operative physical therapy twelve visits for treatment of the left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Section: Carpal tunnel release.

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

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines, twelve sessions of physical therapy would not be indicated in this case. Guideline criteria following carpal tunnel release procedure would recommend up to eight sessions total in the postoperative setting with the initial course consisting of one half of the total amount allotted for the procedure. The requested twelve sessions of therapy in this case would exceed Guidelines and cannot be clinically supported.