

<b>Case Number:</b>	CM13-0028661		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 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 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 claimant is a 55-year-old man who sustained an injury to his right wrist and hand in a work-related accident on 02/22/13. The medical records provided for review documented that following a course of conservative care a right carpal tunnel release surgery was performed on 05/22/13 followed by twelve postoperative physical therapy sessions. The 09/03/13 follow up visit described continued right hand stiffness with diminished range of motion. Physical examination continued to show numbness and tingling of the left hand subjectively but no formal objective findings were noted. Plain film radiographs were negative. The request at that time was for continuation of physical therapy for follow up of the claimant's carpal tunnel release surgery for twelve additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Three Times A Week For Four Weeks For The Right Hand/Wrist And Left Wrist QTY: 12.00:** Upheld

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

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for continued physical therapy for twelve additional sessions is not recommended as

medically necessary. The records indicate that the claimant has already undergone twelve sessions of formal physical therapy since the time of carpal tunnel release surgery. There is no documentation of acute clinical findings on examination or significant change in the claimant's clinical presentation to indicate a flare of symptoms or complication following surgery. The requested twelve additional sessions exceeds the Postsurgical Guidelines and cannot be supported based on the medical records provided for review.