

<b>Case Number:</b>	CM13-0030907		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 48-year-old female injured in work related accident on June 04, 2009. The records indicate an injury to the right upper extremity for which following a course of conservative care she underwent a recent right carpal tunnel release procedure on June 25, 2013. A postoperative assessment on September 6, 2013 by [REDACTED] indicated the claimant was with continued complaints of pain about the wrist in the postoperative setting having not yet achieved full range of motion. It states that a recent request for additional therapy has not been authorized. Physical examination showed "75 percent" range of motion of the wrist with weakness with grip strength. She was given a diagnosis of status post carpal tunnel release and recommendations were for a continuation of formal physical therapy for six additional sessions. There are prior physical therapy reports available for review indicating the claimant attended at least 12 sessions of physical therapy as of August 20, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for continued post-operative Physical Therapy for the right wrist three (3) times a week for two (2) weeks: Upheld**

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

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

**Decision rationale:** Based on the California MTUS Postsurgical Rehabilitation Guidelines, continued carpal tunnel syndrome physical therapy would not be indicated. In the postoperative setting, the claimant has already attended 12 plus sessions of therapy as of August. An additional six (6) sessions of therapy at this chronic stage in postoperative care, greater than six months would not be indicated. The guidelines only recommend the role of up to three (3) to eight (8) visits over a three (3) to five (5) week period of time with postsurgical physical medicine treatment of three months duration.