

<b>Case Number:</b>	CM13-0031778		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/26/2005
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 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 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:

This patient sustained an injury on 10/26/05 while employed by [REDACTED]. Request under consideration include initial outpatient post-op physical therapy 2 times a week for 6 weeks for the left wrist. The patient is s/p left endoscopic carpal tunnel release on 8/20/13. Report of 9/4/13 from provider noted patient with improvement in pain and numbness in the left hand and fingers; Exam noted wound healing with intact skin without ecchymosis. Diagnoses included Neck sprain; Carpal Tunnel syndrome. Treatment plan was for post-op PT for carpal tunnel release with 12 visits. Request was modified for 8 PT visits on 9/13/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial outpatient post-op physical therapy 2 times a week for 6 weeks for the left wrist:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has been certified at least 8 therapy sessions for an endoscopic release without complications, beyond the guidelines recommendation and should be independent in a self-directed home program. The employee has received enough therapy sessions recommended for this post-surgical period. Initial outpatient post-op physical therapy 2 times a week for 6 weeks for the left wrist is not medically necessary and appropriate