

<b>Case Number:</b>	CM13-0038267		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/01/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Texas. 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 patient is a 59-year-old female who reported an injury on 01/01/2011. The mechanism of injury was not provided for review. The patient developed bilateral carpal tunnel syndrome that was nonresponsive to conservative treatments to include physical therapy. The patient underwent carpal tunnel release of the right hand in 05/2012 followed by postoperative physical therapy. The patient then underwent carpal tunnel release of the left hand in 03/2013 followed by an additional 8 postoperative visits. The patient most recent clinical examination revealed tenderness to palpation along the bilateral thenar musculature. The patient had a positive Tinel's sign over the carpal tunnel on the right side with a negative Tinel's sign on the left side. The patient's treatment plan included additional physical therapy and medications for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for treatment to Left Wrist/Hand Qty 12.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines "Carpal Tunnel Syndrome"..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The requested physical therapy 2 times a week for 6 weeks for the treatment of the left hand/wrist is not medically necessary or appropriate. Clinical documentation submitted for review does provide evidence that the patient received postoperative physical therapy for the patient's left carpal tunnel release in 03/2013. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement obtained during skilled supervised therapy. The clinical documentation does not provide any evidence that the patient is participating in a home exercise program. Additionally, the benefit of the prior therapy was not addressed in the most recent documentation. Therefore, the need for continued therapy cannot be determined. Additionally, California Medical Treatment Postsurgical Guidelines recommend 3 to 8 visits of physical therapy in the postsurgical management of carpal tunnel release. As the patient has already had 8 visits, the requested additional 12 visits would exceed the guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 2 times a week for 6 weeks in the treatment of the left hand/wrist quantity 12 is not medically necessary or appropriate.