

<b>Case Number:</b>	CM13-0045321		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 . 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 injured employee is a 47-year-old female who was injured on February 4, 2013. The mechanism of injury is reported as repetitive motion of bilateral wrist. A request for a right carpal tunnel release was certified in the preauthorization process. The surgery was completed December, 2013. Postoperatively the request for a home H-wave device was not certified in the preauthorization process. Also noted was a left carpal tunnel surgical release. In September, 2013, eight sessions of physical therapy were completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy for the right wrist (12 sessions): Upheld**

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

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

**Decision rationale:** When noting the date of injury, the date of surgery, the current physical examination findings and the parameters outlined in the Medical Treatment Utilization Schedule, Postoperative Physical Therapy for a Carpal Tunnel Release should be accomplished within three weeks. CA MTUS guidelines support up to 8 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When noting the date of surgery (six months prior) and the lack of a current physical assessment

indicating any need for such physical therapy, there is insufficient data presented to support this request. As such, this request is not medically necessary.