

<b>Case Number:</b>	CM13-0046553		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 59 year old with an injury date on 1/2/13. Based on the 9/30/13 progress report provided by [REDACTED] the diagnoses are: 1. carpal tunnel syndrome; 2. loc prim osteoarthritis – hand. Exam on 9/30/13 showed "no tenderness to palpation in wrist/hand. Full range of motion without pain. Muscle strength normal. Pinprick diminished in the median nn. distribution of affected side. No instability. Positive carpal compression test paresthesias along median nerve course, numbness. Phalen's sign positive moderate. Tinel's sign along median nerve at wrist positive. Bilateral pain in the cmc joints at both sides." [REDACTED] is requesting carpal tunnel release, post operative physical therapy 2 times a week x 6 weeks, cock up splint. The utilization review determination being challenged is dated 10/21/13 and approved carpal tunnel release, approved cock up splint, but modified physical therapy to 8 sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 4/2/13 to 1/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy two(2) times a week x six(6) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

**Decision rationale:** This patient presents with pain and swelling in bilateral hands, with "fingers falling asleep in median nn. dist. bilaterally." The treating physician has asked post operative physical therapy 2 times a week x 6 weeks on 9/30/13. For carpal tunnel release, MTUS recommends 3-8 visits over 3-5 weeks within 3 months of surgery. In this case, the treating physician has asked for 12 post operative physical therapy sessions which exceeds MTUS guidelines. The request is not medically necessary and appropriate.