

<b>Case Number:</b>	CM13-0047564		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 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 injured worker is a 53 year old female who was injured at work on 05/25/2011. She developed pain, numbness, tingling, and weakness of her upper extremities. She was diagnosed of left wrist carpal tunnel syndrome, and was made to do Nerve studies. The test revealed abnormal functioning of the median nerves of both wrists, and some abnormality in the ulnar nerve in the right elbow. Due to failure of conservative management that included physical therapy, acupuncture, and medications, she had left carpal tunnel surgery on 5/10/11. Following surgery, she received 22 sessions of therapy. MRI of the right wrist on 08/21/13 revealed old fracture of the wrist bones and ligament tear. She had right carpal tunnel release on 02/05/14, followed by 24 sessions of therapy. Her doctor's request for additional physical therapy to the left wrist, (PT 2X 6 weeks left wrist) has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY SESSIONS FOR LEFT WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The MTUS recommended postsurgical treatment period for carpal tunnel syndrome is 3 months for either endoscopic surgery or open surgery. The number of physical or occupational therapy visits recommended by the MTUS post surgically is 3-8 postsurgical visits over a 3-5 weeks period. However, the guidelines stated that there is little evidence in support of either Occupational or physical therapy for carpal tunnel syndrome; therefore there is no justification for prolonged therapy. When used, there must be a documentation of benefit within the first week to justify additional therapy. The records reviewed shows this worker had 22 visits shortly after the surgery. The number of visits already surpasses the accepted number of visits for Carpal tunnel syndrome post surgically. Therefore, the request is not medically necessary.