

<b>Case Number:</b>	CM13-0048325		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Family Practice 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:

The patient is a 51-year-old male with a date of injury of 01/17/2011. The diagnosis are status post right carpal tunnel release - symptomatic, status post right De Quervain's release and right carpal tunnel release in 05/2013, status post left carpal tunnel release, status post left de Quervain's release on 08/22/2013. The patient was seen on 10/24/2013 for a follow-up exam, with complaints of bilateral hand and wrist pain as well as thumb pain, achiness and weakness. On examination, the patient has some weak grip strength and tenderness along the operative sites, along with mild limited motion to the wrists. The patient remains temporarily partial disabled (TPD) and has returned to work with restrictions, and has a follow-up in 30 days. An examination performed on 12/02/2013 revealed tenderness over the first dorsal compartment, greater on the left than the right, pain with Finkelstein's test, with diminished sensation to the medial distribution of the both hands and 4/5 strength. The patient has been approved for 14 sessions of post-operative therapy and has attended at least 7 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for four (4) weeks:** Upheld

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

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

**Decision rationale:** The patient has a history of left carpal tunnel release, and left De Quervain's release on 08/22/2013. The clinical note provided on 10/24/2013, noted some weak grip and tenderness and mild range of motion limitations. The clinical note from 12/02/2013 revealed tenderness over the first dorsal compartment, greater on the left than the right, pain with Finkelstein's test, with diminished sensation to the medial distribution of the both hands, and 4/5 strength. The Postsurgical Treatment Guidelines recommend three to eight (3-8) visits over three to five (3-5) weeks after a carpal tunnel release, and fourteen (14) visits over twelve (12) weeks for de Quervain's release. The patient has been approved for fourteen (14) post-operative therapy sessions to date and has attended at least seven (7) sessions. The documentation provided failed to support significant remaining objective deficits to support the necessity of additional therapy. The current request exceeds guideline recommendations not only for the number of sessions, but also the post-operative treatment period of six (6) months for the performed surgical procedure. The patient should be well versed in an independent home exercise program. Therefore, the request for physical therapy two (2) times a week for four (4) weeks is non-certified.