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| <b>Case Number:</b>   | CM13-0056925 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 04/11/2003 |
| <b>Decision Date:</b> | 04/02/2014   | <b>UR Denial Date:</b>       | 10/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/23/2013 |

### 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 47-year-old male who reported an injury on 04/11/2003. The mechanism of injury was noted to be the patient was working and pouring cement for a sidewalk in the street when he was struck by a car from behind. The patient was noted to wake up in the ambulance. Per the clinical documentation, the patient was status post carpal tunnel release 10/11/2013 and that was the patient's diagnosis as well. The patient was placed in a right Modabber wrist splint and referred for physical therapy to begin range of motion exercises 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS, Postsurgical Treatment Guidelines indicate postsurgical treatment for carpal tunnel syndrome is 3 to 8 visits and the initial course of therapy is half of the recommended visits. As such, 4 visits

would be supported. The submitted request failed to indicate the treatment was postsurgical and failed to indicate the body part the therapy was requested for. Given the above, the request for 8 visits of physical therapy is not medically necessary.