

<b>Case Number:</b>	CM13-0062669		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 02/03/2012. The patient was reportedly injured secondary to repetitive work duties. The patient is currently diagnosed with cephalgia, radiculopathy, bilateral shoulder tendonitis, thoracic sprain, lumbar sprain, myofasciitis, bilateral radiculopathy, and insomnia. The patient was seen by the provider on 11/11/2013. Physical examination revealed a well-healed incision over the right wrist, and tenderness to palpation with limited range of motion of the cervical and lumbar spine. The treatment recommendations included continuation of postoperative physical therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE RIGHT WRIST, 6 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

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

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery

in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic or open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. As per the documentation submitted, the patient has completed an unknown amount of postoperative physical therapy for the right wrist. However, the patient continues to report difficulty sleeping with anxiety. The documentation of the previous course of postoperative physical therapy was not provided for review. Without evidence of objective measurable improvement, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.