

<b>Case Number:</b>	CM13-0066516		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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 injured worker is a 43 year-old female that reported an injury on 10/1/2013 the mechanism of injury was to the right wrist while moving a chair. The current diagnosis was noted as intersection syndrome and carpal tunnel syndrome of the right wrist. The injured worker was noted to have received previous injections to the right wrist with no relief of pain. The clinical note from 11/11/2013 indicated the injured worker complained of cramping and tingling in the right hand as well as inflammation at night. The physical examination indicated that the right hand was mildly but differently swollen with marked tenderness over tendons of intersection areas. The intersection sign was a 4+, a positive Durkan's sign was noted as well as a positive Phalen's sign. There was no thenar atrophy noted but there was thenar weakness present. The sensation was decreased in the true median nerve distribution and splitting the ring finger. When making a fist she lacked approximately 1 inch of reaching the mid-palm. The treatment plan noted that in view of failure to respond to non-operative treatment means and increased pain with loss of finger mobility surgery is appropriate. It is indicated that the injured worker will require more than the average amount of therapy following surgery. The plan indicated that an authorization would be needed for surgery to include surgical release of tendon of the right forearm and right carpal tunnel release surgery followed by 12 sessions of physical therapy. The physician failed to provide the rationale to support needed for the current request. The current request dated 11/11/2013 is for decision for 12 sessions 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:

**12 SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY FOR THE RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16,21.

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

**Decision rationale:** The California MTUS Guidelines for Carpal Tunnel Syndrome Postsurgical Physical Therapy is recommend for (endoscopic) 3-8 visits over 3-5 weeks and (open) 3-8 visits over 3-5 weeks the postsurgical physical medicine treatment period is for 3 months. The clinical documentation indicated the injured worker needed authorization for the release of tendon of the right forearm and right carpal tunnel release surgery followed by physical therapy. The clinical documentation provided failed to include a surgical report to indicate if the surgery was performed. The current request also exceeds the recommended guidelines of 3-8 visits over 3-5 weeks. Therefore, the request for decision for 12 sessions of postoperative physical therapy for the right wrist is not medically necessary.