

<b>Case Number:</b>	CM14-0002720		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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, has a subspecialty in Interventional Spine 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 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 a 52 year old female with date of injury 6/10/13. The treating physician report dated 11/20/13 states that the patient is status post right carpal tunnel surgery on 9/6/13 and that she is scheduled for left carpal tunnel release on 12/13/13. There is another document from the treating physician dated 12/18/13 that states. "Patient called to cancel and stated that she will be requesting to be transferred to another surgeon." The current diagnosis is bilateral carpal tunnel syndromes. The utilization review report dated 12/30/13 denied the request for physical therapy x 12 and authorized 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIOTHERAPY X 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with continued bilateral hand tingling with numbness status 10 weeks post right carpal tunnel surgery. The current request is for physiotherapy x 12.

The treating physician report dated 11/20/13 states, "Left carpal tunnel release is scheduled for 12/13/13. Instructions for Occupational therapy: Presently, the treatment required by a certified hand therapist is on hold or is discontinued." There is no other information requesting 12 physiotherapy sessions. The provider states on 12/18/13 that the patient cancelled and is requesting to be transferred to another surgeon. There is no mention that the surgery took place on 12/13/13 and no operative reports were found in the records provided therefore the California MTUS Post-Surgical Guidelines are not used. The right carpal tunnel surgery was performed 10 weeks prior to the 11/20/13 report. There is documentation that the patient received physical therapy post surgically for the right wrist. The California MTUS guidelines allow physical therapy 8-10 visits for neuralgia type pain. The reports reviewed do not indicate that a new surgery has occurred and the current request for 12 physiotherapy visits is outside of the MTUS Guidelines for this type of condition. Recommendation is for denial.