MAXIMUS Federal Services

| Case Number: | CM14-0005787 | | |
|---|---|---|---|
| Date Assigned: | 02/07/2014 | Date of Injury: | 06/01/2012 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

## 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 Occupational Medicine 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:

This is a 53-year-old female with a 6/1/12 date of injury with a diagnosis of carpal tunnel syndrome. She is status post a right carpal tunnel release with flexor tenosynovectomy, forearm and palmar fasciotomy, and an A1 pulley release of the right index finger on 7/22/13 with 12 postoperative sessions of physical therapy. The patient was seen on 12/16/13 where she complained of right hand stiffness and pain out of proportion to her symptoms and treatment. No exam was noted. A diagnosis of CRPS was entertained and a stellate ganglion block was recommended, as well as ongoing physical therapy. On 1/30/14 the patient was noted to be approximately 6 months out from surgery. Exam findings revealed no median nerve numbness but the patient had complaints of right ring and middle finger PIP joint stiffness. Exam findings revealed PIP flexion from 0-60 degrees. A UR decision dated 1/9/14 denied the request given the MTUS post surgical guidelines for carpal tunnel syndrome support 3-8 session post operatively and the patient already had 12 sessions to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT SIX (6) POST OPERATIVE PHYSICAL THERAPY SESSIONS TO BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDLINES, CARPAL TUNNEL SYNDROME,

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

**Decision rationale:** MTUS postsurgical treatment guidelines allows for 3-8 visits over 3-5 weeks postoperatively for carpal tunnel syndrome. Then patient had 12 postoperative visits. There are no physical therapy notes available for review, and exam findings regarding the patient's right wrist and hand are scant. Without any rationale as to why the patient requires additional physical therapy, no physical therapy notes to assess whether the physical therapy was beneficial, and scant physical exam findings with regard to the right wrist and hand, the request for additional 6 physical therapy sessions to the right wrist was not medically necessary.