

<b>Case Number:</b>	CM14-0006578		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Orthopedic Surgery, 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 58-year-old female with a 7/11/13 date of injury. She sustained injury to bilateral wrists from repetitive overuse. On 11/4/13 the patient was noted to have numbness in the hands beginning in 2009 and progressed to difficulty gripping objects in 2012. EMG/NCV on 8/26/13 demonstrated bilateral carpal tunnel syndrome, severe on the right and moderate on the left. The request for bilateral carpal tunnel release was certified on 12/23/13. Diagnostic Impression: bilateral carpal tunnel syndrome. Treatment to date: wrist bracing, activity modification, physical therapy, and medication management. A UR decision dated 12/23/13 denied the request for Post-operative Physical Therapy x 12 sessions and modified it to certify 4 sessions for each carpal tunnel procedure. The denial states that MTUS recommends up to 8 post-op physical therapy visits, with the initial therapy being one half the total amount.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE SESSIONS OF POST-OPERATIVE PHYSICAL THERAPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The Post-Surgical Treatment Guidelines state that from three to eight visits of physical therapy over a three to five week period are supported. Guidelines state that benefits

need to be documented after the first week, and prolonged therapy visits are not supported. This patient will undergo bilateral carpal tunnel release, and therefore guidelines would support a total of eight sessions of physical therapy for each surgery, so up to sixteen sessions of physical therapy. The request for twelve sessions of post-operative physical therapy is medically necessary and appropriate.