

<b>Case Number:</b>	CM14-0107463		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Internal 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:

The patient is an injured worker who is status right carpal tunnel release surgery on 4/12/14. Date of injury was 10-10-2013. Physical therapy note dated 5/28/14 documented that the patient had 8 post-surgical physical therapy (PT) visits. The diagnosis was carpal tunnel syndrome. Progress report dated 6/17/14 documented subjective complaints of pain in the right wrist, left elbow, and left shoulder. Physical examination demonstrated a well-healed scar in the right wrist. Treatment recommendation included a request for physical therapy. Progress report dated 6/27/14 did not document a right wrist physical examination. Utilization review determination date was 6/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Physical therapy 2 x 4 (Bilateral hands/wrists/left shoulder/elbow): Upheld**

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for carpal tunnel syndrome, 3-8 visits of postsurgical physical therapy are recommended. The patient

had right carpal tunnel release surgery on 4/12/14. The patient had 8 postsurgical physical therapy (PT) visits. Progress report dated 6/17/14 documented right wrist scar well healed. No other physical examination findings were documented. Progress report dated 6/27/14 did not document a right wrist physical examination. No objective exceptional factors were noted to justify exceeding the guideline recommendations. The request for 8 postsurgical physical therapy (PT) sessions is not supported by the medical records in accordance with MTUS Postsurgical Treatment Guidelines. Therefore, the request for Postoperative Physical therapy 2 x 4 (Bilateral hands/wrists/left shoulder/elbow) is not medically necessary.