

<b>Case Number:</b>	CM14-0014585		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Orthopaedic 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 43-year-old female who is right-handed, individual who filed for a work-related claim for a right wrist injury on 9/1/2011. Previous history includes an industrial injury on 5/21/2010 from repetitive computer work for which the claimant underwent a left carpal tunnel release in 2011. The previous utilization review references a progress note dated 12/13/2013, but that progress note is not provided for this independent medical review. The reviewer indicates that the note documented right wrist pain and numbness; physical examination revealed positive Phalen's and Tinel's and decrease wrist sensation; electrodiagnostic studies dated 12/6/2012 noted abnormal right median motor and sensory nerve conduction studies, consistent with right carpal tunnel syndrome. A request has been made for physio-therapy and exercise 3 times for 5 weeks (15 sessions) for the right wrist. A modified certification for physio-therapy was authorized on 1/17/2014 for 6 sessions pending certification of the right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PHYSIO-THERAPY AND EXERCISE THREE (3) TIMES WEEKLY FOR FIVE (5) WEEKS (15 SESSIONS) FOR THE RIGHT WRIST:** Upheld

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

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

**Decision rationale:** The CA MTUS guidelines support 3-8 visits of physical therapy over 3-5 weeks after a carpal tunnel release (endoscopic or open). There are no operative report or physical therapy notes available for review. Given the lack of documentation, this request is considered not medically necessary.