

<b>Case Number:</b>	CM14-0110514		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/16/1993
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 75 year old male with an injury date of 06/16/93. The 04/22/14 progress report by [REDACTED] states that the patient presents with intermittent neck and lower back pain rated 2/10. He further presents with postoperative right wrist post-operative pain rated 2-3/10 that radiates to the hand and fingers with associated numbness and tingling. Examination reveals a clean dry wound on the right wrist. The patient's diagnoses include: 1. Postoperative delayed incisional healing with a scab2. Status post interlaminar laminotomy, doing well3. Bilateral carpal tunnel syndrome, right more than left4. Status post right carpal tunnel release 04/09/14. The utilization review being challenged is dated 07/01/14. The rationale is that an additional 8 sessions of physical therapy is more than guidelines allow as 12 sessions have already been completed. Reports were provided from 01/06/14 to 06/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PT 2X4-8 SESSIONS WITH START DATE 5/19/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): CARPAL TUNNEL SYNDROME.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15.

**Decision rationale:** The patient presents with neck and lower back pain rated 2/10 and post-operative right wrist pain that radiates to the hand and fingers rated 2-3/10. The provider requests for retrospective Physical therapy 2x4-8 sessions with start date 05/19/14. MTUS page 15, Carpal Tunnel Syndrome allows 3-8 visits over 3-5 weeks for post-surgical treatment. In this case the patient is within the postoperative treatment period as of the 05/19/14 retrospective start date. The 04/22/14 treatment plan states the patient is to undergo physical therapy for the right wrist 2-3 per week for 4 weeks. The reports provided show a 04/22/14 prescription for 2x4 weeks of therapy for the right wrist. The 06/12/14 physical therapy report provided shows the patient completed 8 sessions for a diagnosis for Right Carpal Tunnel Syndrome, Tenosynovitis for the period 05/19/14 to 06/12/14. In this case, it appears the patient received 8 therapy sessions as allowed per MTUS above. Therefore, this request is medically necessary.