

<b>Case Number:</b>	CM14-0114420		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 37-year-old male with a 1/3/14 date of injury. He apparently underwent left carpal tunnel release on 5/8/14. UR reviewed the 5/8/14 operative report and 7/9/14 and 7/11/14 physical therapy records and denied 12 additional PT sessions on 7/17/14. Unfortunately, the request for authorization form for Physical Therapy, the 5/8/14 operative report and the PT records were not provided for this IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 3x/wk x4 wks (12) - Left Wrist/Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Functional Improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Forearm, Wrist, and Hand Chapter and Carpal Tunnel Syndrome Chapter.

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

**Decision rationale:** The MTUS postsurgical guidelines show a 3-month postsurgical physical medicine treatment timeframe for carpal tunnel surgery. So the MTUS postsurgical treatment guidelines apply. MTUS states a general course of therapy for CTR is 8 sessions, and the initial course of care would be 4 sessions. The postsurgical guidelines require discontinuing therapy if there is no documentation of functional improvement. MTUS states: In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. There are no postsurgical records provided to this IMR. Therefore, there is no documentation to verify whether there is any functional improvement. The request for 12 additional PT sessions cannot be recommended as being in accordance with MTUS guidelines. Therefore, Additional Physical therapy 3 X week X4 weeks (12) - Left Wrist/Hand is not medically necessary.