

<b>Case Number:</b>	CM14-0122662		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, and is licensed to practice in Nevada. 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 injured worker is a 54-year-old male who was reportedly injured on 6/11/2011. The mechanism of injury was noted as a laceration. The most recent progress note dated 10/2/2013, was the most recent note from the treating physician. It indicated that there were ongoing complaints of bilateral hand numbness and tingling. The physical examination demonstrated right hand well-healed 2 cm x 2 cm full thickness skin graft. When the patient tried to make a fist, the individual lacked palmer touch by approximately 3 cm. The injured worker was able to flex the distal interphalangeal joints 90, proximal interphalangeal joints 90 and metacarpophalangeal joints 45. Bilateral positive Phalen's test. Bilateral positive Tinnel's test. Bilateral positive compression test over the median nerve with numbness of the following, index, thumb, and middle finger. Mild thenar atrophy bilaterally. No recent diagnostic studies are available for review. Previous treatment included previous surgery, skin graft, physical therapy #4 sessions and medications. A request was made for physical therapy of the left wrist #18 visits and was not certified in the pre-authorization process on 7/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for left wrist 18 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative Therapy Guidelines (carpel tunnel syndrome).

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

**Decision rationale:** Postsurgical treatment guidelines recommend 3-8 visits of physical therapy over 3-5 weeks after a carpal tunnel release. After review of the medical records provided, it is noted the patient has had 4 visits of physical therapy today. There was no documentation of the progress or lack thereof from physical therapy. The request for #18 visits is excessive and does not meet guideline recommendations. Therefore, without compelling evidence to approve additional visits, this request is deemed not medically necessary.