

<b>Case Number:</b>	CM14-0129899		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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:

This is a patient with a date of injury of 11/14/12. A utilization review determination dated 7/17/14 recommends not medically necessary of physiotherapy. It referenced a 6/25/14 medical report identifying tingling and numbness s/p left CTR 12/13 and right CTR 3/14. On exam, there was limited wrist ROM bilaterally with positive Phalen's and Tinel's on the left. Numbness and tingling decreased. The patient completed a course of PT, but it was not enough and she requires additional PT in order to do well enough to return to work. At least nine postoperative therapy sessions have been completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████████: Physiotherapy two times a week for four weeks.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127, Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** Regarding the ██████████: request for Physical Therapy, Post-Surgical Treatment Guidelines support up to 8 sessions after carpal tunnel release, with continuation of active therapies at home as an extension of the treatment process in order to

maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. The provider notes that additional PT is needed so that the patient can return to work, but no specific deficits requiring formal therapy beyond the recommendations of the CA MTUS are identified. In light of the above issues, the currently requested Physical Therapy is not medically necessary.