

<b>Case Number:</b>	CM14-0130559		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 59-year-old female sustained an industrial injury on 6/28/12. The mechanism of injury was not documented. The patient was status post left shoulder subacromial decompression and left carpal tunnel release on 10/29/13. The 7/16/14 treating physician report cited continued complaints of right hand numbness, worse at night, with weakness. Functional difficulty was reported with any type of repetitive pinching, grasping, pushing or pulling. Right hand exam documented tenderness to palpation over the palmar aspect of the transverse carpal tunnel. There was full wrist range of motion. Sensation was decreased over the thumb, index, and middle finger. Tinel's and Phalen's tests were positive. Two-point discrimination was greater than 6 mm. Electrodiagnostic studies were reported positive for moderate carpal tunnel syndrome. Authorization was requested for right carpal tunnel release with 12 post-op physical therapy visits. The 8/11/14 utilization review modified the request for post-op physical therapy from 12 visits to 8 visits consistent with postsurgical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 12 visits right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The 8/11/14 utilization review recommended partial certification of 8 post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.