

<b>Case Number:</b>	CM14-0151935		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Orthopedic 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 is a 33 year old female claimant with an industrial injury dated 12/03/12. The patient is status post a right CTR dated 03/18/14. The patient completed the authorized physical therapy session for the right hand as of 04/15/14. Exam note 06/10/14 states the patient returns with left wrist and right wrist pain. The patient reports numbness and weakness with discoloration across the knuckles in the left wrist and weakness/ numbness with pain radiating to the elbow in the right wrist. Upon physical exam there was no tenderness over the posterior spinous processes and no spasm of the trapezius sternomastoid of the occipital region. Physical exam of the wrist reveals an operative scar on the right. The patient had a positive Phalen and Tinel's sign test bilaterally. Diagnosis is noted bilateral carpal tunnel syndrome. Treatment includes a continuation of medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2X6 for the bilateral wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Per the MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. From the submitted records from 6/10/14 there is insufficient documentation of how many visits have been performed postoperatively. In addition the request is outside the 3 month allowed window. Therefore PT 2X6 for the bilateral wrist is not medically necessary.