

<b>Case Number:</b>	CM14-0151936		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/03/2014
<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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 47-year-old female was injured on 05/11/2011. The mechanism of injury was not provided for review. She underwent left carpal tunnel release (CTR) on 05/16/14. The progress report dated 08/22/14 indicates that the patient complains of pain to the bilateral wrists. Objective findings documented in the note are tenderness and scarring bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 12 visits for bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical therapy guidelines Page(s): 16.

**Decision rationale:** Per MTUS: "There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged visits are not supported." The surgeon is recommending prolonged visits. The patient's operation was in May 2014. The request exceeds the MTUS guidelines. Therefore, the request for Physical therapy, 12 visits for bilateral wrists is not medically necessary and appropriate.

