

<b>Case Number:</b>	CM14-0159567		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 41-year-old female who was injured in a work-related accident on 06/15/11. The clinical records provided for review documented a diagnosis of carpal tunnel syndrome and that a left carpal tunnel release took place on 06/05/14. The postoperative clinical records documented that the claimant underwent an extensive course of postoperative occupational therapy following the procedure. The occupational therapy assessment dated 09/03/14 documented that the claimant completed sixteen sessions of occupational therapy for a diagnosis of status post carpal tunnel release and showed improvement in both range of motion and strength. It was documented that the claimant had full wrist flexion and extension with improved grip strength and pinch strength documented throughout the course of fifteen sessions. This review is for the request for eight additional sessions of postoperative physical therapy sessions in this claimant's course of care. There is no documentation of other postoperative treatment or examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative Physical Therapy for 8 sessions:** Upheld

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

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

**Decision rationale:** Based on the California MTUS Postsurgical Rehabilitation Guidelines, the request for eight additional sessions of physical therapy would not be indicated. The medical records document that the claimant underwent carpal tunnel release on 06/05/14. Since the time of surgery, he has undergone sixteen sessions of occupational therapy. The Postsurgical Guidelines support three to eight sessions of therapy in the postoperative setting. The Additional Post-operative Physical Therapy for 8 sessions is not medically necessary.