

<b>Case Number:</b>	CM14-0175912		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Hand Surgery and is licensed to practice in Tennessee. 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:

The injured worker is a 62-year-old female who reported an injury on 07/07/2005. The mechanism of injury was not provided. Her diagnosis was listed as right carpal tunnel syndrome. Past treatments indicated unspecified conservative treatment. On 05/05/2014, the injured worker was seen for an evaluation of the right wrist after previously complaining of pain, numbness, and weakness of the wrist and hand. An overall examination revealed normal findings. An examination of the hand was not specifically noted. Her current medications were listed as Lisinopril, Hydrochlorothiazide, Levothyroxine, Aspirin, and Ibuprofen. The treatment plan included surgery of the right wrist to be performed on 05/09/2014. An operative report indicated that the injured worker underwent a right carpal tunnel release, right flexor compartment tenosynovectomy, right median nerve neurolysis, and right wrist anesthetic block on 05/09/2014. A request was received for associated surgical service: physical therapy two times per week for four weeks, left wrist. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy two times per week for four weeks, left wrist:**  
Upheld

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

MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (updated 02/20/14)

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

**Decision rationale:** The request for associated surgical service: physical therapy two times per week for four weeks for the left wrist is not medically necessary. The California MTUS Guidelines recommend 3 to 8 visits of physical therapy for postsurgical treatment of carpal tunnel syndrome within 3 months of surgery. An operative report indicated that the injured worker underwent right carpal tunnel release, right flexor compartment tenosynovectomy, right median nerve neurolysis, and right wrist anesthetic block on 05/09/2014. However, as the timeframe for postsurgical treatment has already expired and the number of visits requested exceeds the guidelines, the request is not supported. Therefore, the request is not medically necessary.