

<b>Case Number:</b>	CM14-0022612		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 54-year-old female who reported an injury on 04/27/2012, caused by an unknown mechanism. On 11/19/2013, the injured worker underwent a right flexor tenosynovectomy, carpal tunnel release, and a limited internal neurolysis and magnification of the median nerve, postoperative. On 01/15/2014, the injured worker complained of continued pain on her right wrist with difficulties of activities of daily living. On the physical examination, it was noted that the injured worker had tenderness at the surgery scar and decreased range of motion of the right wrist. The injured worker's medication included Norco 5/325 mg. It was noted that the injured worker had already completed physical therapy sessions. There was no VAS measurements noted for the injured worker. There lack of documentation of home exercise program for the injured worker. The treatment plan included for a decision for physical therapy for 3 times a week for 4 weeks for the right wrist. The authorization for the request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) 3X4 WEEKS FOR THE RIGHT WRIST:** Upheld

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

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

**Decision rationale:** The request for physical therapy (PT) 3 times for 4 weeks for the right wrist is non-certified. Per the Medical Treatment Utilization Schedule (MTUS) Guidelines recommends 3-8 physical therapy visits over 3-5 weeks for postsurgical treatment (endoscopic) and (Open) of the right wrist no more than 3 months for postsurgical physical medicine treatment. The documents provided stated the injured worker had already attended 3 sessions for the right wrist with lack of evidence of the outcome of the physical therapy treatment sessions. There was lack of documentation of conservative care such as outcome home exercise regimen and there was no VAS measurements submitted for the injured worker for review. Given the above, the request for the physical therapy (PT) for 3 times a week for 4 weeks for is non-certified.