

<b>Case Number:</b>	CM14-0023014		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<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 Neurological 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:

The injured employee is a 48 year old female who sustained a work-related injury to her bilateral wrists on October 23, 2013. The specific mechanism of injury is not noted. The most recent examination the attached medical record is dated April 10, 2014, which stated that surgery was pending for carpal tunnel syndrome surgery. Physical examination on this date noted a positive Tinel's test and Phalen's test of both wrists. Decreased sensation was also observed in the median nerve distribution as well as decreased grip strength. Previous nerve conduction studies documented severe bilateral carpal tunnel syndrome as well as irritation to the ulnar nerve also indicating cubital tunnel bilaterally. A previous independent medical review certified the use of Anaprox, Neurontin, Norco, and Prilosec. There was a previous request for right carpal tunnel release and postoperative physical therapy for eight sessions. Another note dated March 11, 2014 stated that previous physical therapy to help with the Internet employee's symptoms

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 6 VISITS FOR BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** The official disability guidelines recommend physical therapy for treatment of carpal tunnel syndrome only for a frequency of 1 to 3 visits over 3 to 5 weeks' time. This request of six visits exceeds that recommendation. Furthermore, postoperative intervention is limited to 20 sessions over 6 weeks and that has been exceeded. As such, based on the parameters outlined in the guidelines, the request for additional physical therapy 6 visits for bilateral wrists is not medically necessary and appropriate.