

<b>Case Number:</b>	CM14-0024071		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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:

The claimant is a 54-year-old female who sustained injuries to the bilateral upper extremities as a result of cumulative trauma on 05/01/07. The records provided for review document that the claimant is status post bilateral carpal tunnel release procedures in 2009. The clinical assessment dated 11/07/13 noted continued numbness and tingling. Physical examination of the left hand showed full range of motion, positive Tinel's and Phalen's test and a positive extensor stress test. The report of the 10/14/13 electrodiagnostic study showed a normal study of the upper extremity. The assessment documented that the claimant had failed conservative treatment and a revision carpal tunnel release was recommended. This review is for the request for eight sessions of postoperative physical therapy for the left hand. There is currently no documentation that the revision surgical process has occurred.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 (2 TIMES 4) SESSIONS OF POST-OPERATIVE LEFT HAND OCCUPATIONAL THERAPY:** Upheld

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

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy following carpal tunnel surgery would be supported; however, in this case, there is no documentation that the surgery has occurred. Without documentation that surgical intervention for the claimant's left wrist has occurred or has been certified, the role of eight postoperative sessions of physical therapy cannot be supported as medically necessary. The request is not medically necessary and appropriate.