

<b>Case Number:</b>	CM14-0027522		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with a date of injury of 06/19/2013. The listed diagnosis per [REDACTED] is status post left carpal tunnel release, 09/21/2013. According to progress report 11/07/2013 by [REDACTED], the patient presents for reevaluation after left carpal tunnel release on 09/21/2013. Examination of the left hand revealed healed surgical incision and no sign of infection. He does have some scar sensitivity, mild stiffness, and decreased numbness of the fingers. Treater recommends the patient continue his therapy focusing on aggressive stretching and strengthening as well as scar desensitization. The treater is requesting additional 12 sessions of physical therapy. Utilization review denied the request on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY THREE TIMES WEEKLY FOR 4 WEEKS, LEFT WRIST:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** This patient is status post left carpal tunnel release on 09/21/2013. On 11/07/2013, the provider noted that the patient had no new complaints. The provider recommends the patient continue with 12 sessions of physical therapy to focus on aggressive stretching and strengthening. For carpal tunnel syndrome, the MTUS post-surgical guidelines page 15, allows for 3 to 8 sessions over 3 to 5 weeks. For additional treatment, MTUS states that continued visit should be contingent on documentation of objective improvement. Medical records indicate the patient has received 22 cumulative post op physical therapy sessions. Physical therapy reports indicate the patient has increased wrist motion and is progressing as expected. Throughout the visits, the patient reports pain value as 2/10. The patient continues to note physical therapy is helping. Although physical therapy progress reports has noted some improvement in range of motion, there is no documentation of VAS improvement greater than four or any long-term resolution of symptoms. Furthermore, the patient has had ample postoperative physical therapy and should now transition into a self directed home therapy program. The requested additional 12 sessions exceeds what is medically necessary at this time.