

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0028133 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 07/17/2012 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2014 |

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 67 year old female with a date of injury on 7/17/2012. Diagnoses include right carpal tunnel syndrome and status post carpal tunnel release surgery on 10/10/2013. Subjective complaints are of pain at carpal tunnel surgery site, and poor grip strength. Physical exam reveals surgical wounds are healing well, and there is no evidence of infection, and right hand grip weakness, with slightly decreased sensation. Patient had received 8 post operative physical therapy sessions. Plan was to continue physical therapy two times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY 2X PER WEEK FOR 4 WEEKS TO RIGHT HAND #8: 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): 16.

**Decision rationale:** CA MTUS recommends allowing for fading of treatment frequency, plus active self-directed home physical therapy. CA MTUS recommends 3-8 visits over 3-5 weeks after carpal tunnel release surgery within a 3 month timeframe. This patient has already

completed 8 post operative physical therapy sessions. Therefore, the request for 8 additional visits is not medically necessary and appropriate.