

<b>Case Number:</b>	CM14-0033889		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/28/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 57 year old female who reported an injury on 11/28/2010 of an unknown mechanism of injury. The injured worker was assessed by her physician and received bilateral carpal tunnel release surgery on 02/05/2013 to alleviate symptoms. Further, during this time, the injured worker received 19 sessions of physical therapy while under conservative care. Following therapy and surgery, she was re-evaluated by the physician. The physician accessed positive Tinel's and Phalen's tests bilaterally. The injured worker reported constant and severe pain to her hands bilaterally but did not indicate level of pain as per a pain sliding scale. The physician diagnosed the injured worker with tendonitis of bilateral wrists, sprain of upper limb, tendonitis and shoulder, lateral epicondylitis, status-post left carpal tunnel release surgery, and status-post right carpal tunnel release surgery. The physician would like therapy (evaluate re-evaluate exercise) for six additional visits. The request for authorization and rationale for the request were not provided within the available records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY (EVAL. RE-EVAL. EXERCISE) 6 ADDITIONAL VISITS:** 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): 15.

**Decision rationale:** The injured worker received surgery and conservative care that included 19 sessions of therapy. California Medical Treatment Utilization Schedule (MTUS) guidelines for carpal tunnel syndrome addresses status-post therapy in that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify three to five visits over four weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Nineteen total physical therapy visits already exceeds guideline limits and with no report of improvement, the six additional sessions would place the request out of guideline limits. As such, the request is not medically necessary and appropriate.