

<b>Case Number:</b>	CM14-0038766		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Preventative Medicine, 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:

According to the records made available for review, this is a 40-year-old female with a 6/18/10 date of injury, and right endoscopic carpal tunnel release and right lateral epicondylitis debridement and repair on 11/13/13. At the time (2/24/14) of request for authorization for Additional Physical Therapy Six Sessions, there is documentation of subjective (right hand pain with tingling, numbness, and weakness in the fingers) and objective (positive Phalen's sign, full range of motion of right wrist, and negative Tinetti's sign) findings, current diagnoses (carpal tunnel syndrome and status post right endoscopic carpal tunnel release and right lateral epicondylitis debridement and repair) and treatment to date (medicines, acupuncture, chiropractic therapy, and 6 previous physical therapy treatments). 1/28/14 medical report identifies that the patient has decrease pain, has made functional gains in strength, and can now grip and cook after initial physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy Six Sessions:** Overturned

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

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

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and status post right endoscopic carpal tunnel release and right lateral epicondylitis debridement and repair (11/13/13). In addition, there is documentation of 6 previous physical therapy treatments. Furthermore, given documentation of functional gains in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical Therapy Six Sessions is medically necessary.