

<b>Case Number:</b>	CM14-0042381		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Surgeon, Hand Surgeon and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 06/18/2013. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the bilateral wrists and was diagnosed with carpal tunnel syndrome. The injured worker was evaluated on 02/13/2014. Physical findings included positive Phalen's test in the bilateral hands, a positive median nerve compression test, and full radial on ulnar deviation. It was noted that the injured worker had undergone an electrodiagnostic study on 02/12/2014 that found findings consistent with median nerve entrapment of the bilateral wrists. A request was made for carpal tunnel release with postoperative physical therapy for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy Right Wrist:** 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:** The requested Post Operative Physical Therapy Right Wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does

recommend up to 3 to 8 visits in the postoperative management of carpal tunnel release. However, the clinical documentation submitted for review does not support that the injured worker is a surgical candidate and would require postoperative care. Furthermore, the request as it is submitted does not provide a duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Post Operative Physical Therapy Right Wrist is not medically necessary or appropriate.