

<b>Case Number:</b>	CM14-0054944		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Surgery, 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:

This 60-year-old female hair stylist sustained an industrial injury on 1/10/12, relative to repetitive work activities. The patient is status post right carpal tunnel release on 1/30/14 with 8 post-operative visits documented as of 2/28/14. She was reported doing better with less stiffness and pain. The patient underwent left carpal tunnel release on 3/6/14 with eight post-operative visits completed as of 4/7/14. The 4/7/14 physical therapy chart note indicated the patient had improved and was scheduled to return to work in late April. The treatment plan indicated either discharge to home exercise program or continue with physical therapy focused on the left hand. The patient was to see the surgeon on 4/8/14. The 4/8/14 treating physician report indicated the patient was improved, but slower than expected. Additional physical therapy was prescribed 3x2. The 4/16/14 utilization review did not grant the request for additional post-op physical therapy as the patient had completed nine prior sessions with no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance to support continued treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op Physical Therapy 3x2 bilateral hand:** 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): 15-16.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met for additional physical therapy. The patient has completed 16 visits for the bilateral carpal tunnel release surgeries. There is no current documentation of a functional deficit that requires supervised physical therapy treatment. There is no reason documented why an independent home program would be insufficient to complete the rehabilitation process. The patient has been instructed in a home program. Therefore, this request for post op physical therapy 3x2 for the bilateral hands is not medically necessary.