

<b>Case Number:</b>	CM14-0064558		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 and Rehabilitation 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 37-year-old female who was injured on 09/26/13 due to continuous trauma. The injured worker is diagnosed with carpal tunnel syndrome. The injured worker is status post right carpal tunnel release on 09/19/12 and status post left carpal tunnel release on 03/14/14. The injured worker complains of significant loss of sensation and function on the right side and residual pain on the left side. Following the surgery to the right hand, records indicate the injured worker's postoperative physical therapy was suspended after a month as she was not experiencing pain improvement. Records do not reveal the injured worker has participated in any postoperative physical therapy following the carpal tunnel release surgery on the left hand. A request for twelve sessions of postoperative physical therapy for the left hand was submitted on 04/24/14. The request was modified by utilization review decision dated 05/01/14. This is an appeal for the twelve sessions of postoperative physical therapy for the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physio-therapy 3 x 4 for the left 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:** Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines allow for three to eight visits of postsurgical treatment for carpal tunnel release. This guideline as it pertains to postsurgical treatment for carpal tunnel syndrome also states, Benefits need to be documented after the first week, and prolonged therapy visits are not supported. These guidelines support the use of an initial course of therapy when postsurgical treatment is indicated. An initial course is defined as one half of the number of visits specified in the general course of therapy for the specific surgery. As a maximum of eight visits of treatment following a carpal tunnel release are supported, only four visits of therapy would be considered appropriate at this time. Per the submitted documentation, this injured worker demonstrates a history of failing to progress as expected with post-surgical treatment of carpal tunnel syndrome. Based on the clinical information provided and the applicable guidelines, medical necessity of postoperative physiotherapy three times per week for four weeks (twelve visits) for the left hand is not medically necessary.