

<b>Case Number:</b>	CM14-0066576		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 and is licensed to practice in Georgia and 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 64-year-old female who reported injury on 10/29/2012. The mechanism of injury was repetitive lifting of boxes and food preparation. The injured worker had prior treatments to include postoperative physical therapy and a left carpal tunnel release on 10/14/2013. The injured worker underwent a right carpal tunnel release on 02/17/2014. The diagnosis was carpal tunnel syndrome. The request was for post-operative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical therapy to the right wrist three (3) times per week over four (4) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15, 16.

**Decision rationale:** The California MTUS Postsurgical Guidelines indicate postoperative Physical Therapy for the treatment of Carpal Tunnel is 3 to 8 visits. The initial care is half the number of recommended sessions which would be 8. The request for 12 sessions of Postoperative Physical Therapy would be excessive. Given the above, the request for

Postoperative Physical Therapy to the right wrist 3 times per week for 4 weeks is not medically necessary.