

<b>Case Number:</b>	CM14-0067547		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 06/12/2012 due to cumulative trauma. On 03/10/2014, the injured worker presented with sharp pain to the right hand and wrist with a weak handgrip. Upon examination, there was tenderness over the right wrist with reproducible numbness. An x-ray performed on 02/17/2014 revealed an essentially normal study with no cardiac enlargement and no active pulmonary disease. The diagnoses were right carpal tunnel syndrome symptomatic, hypertension, and hyperlipidemia under treatment and oral agent dependent diabetes mellitus type 2. Prior therapy included surgery and medications. The provider recommended postoperative physical therapy 2 times a week for 6 weeks for the right hand and wrist. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy two (2) times a week for six (6) weeks for the right hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 16.

**Decision rationale:** The request for post-operative physical therapy two (2) times a week for six (6) weeks for the right hand/wrist is not medically necessary. The California MTUS recommends a general course of therapy post surgically. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. For carpal tunnel, the Guidelines recommend 3 to 8 visits over 3 to 5 weeks with the postsurgical physical medicine treatment period of 3 months. The injured worker had carpal tunnel surgery in 03/2014; this exceeds the Guideline recommendation of a 3-month postsurgical physical medicine treatment period. There is a lack of documentation on prior courses of physical therapy the injured worker underwent and the efficacy of the prior therapy. Additionally, the provider's request for physical therapy 2 times a week for 6 weeks exceeds the recommendation of the Guidelines. As such, the request is not medically necessary.