

<b>Case Number:</b>	CM14-0080910		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Orthopedics and is licensed to practice in Indiana. 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:

Claimant is a 57 year old female who sustained a work related injury on 2/22/13. Mechanism of injury is cumulative trauma. Diagnosis is right carpal tunnel syndrome. Electromyogram (EMG) and Nerve Conduction Studies (NCV) dated 11/21/13 revealed evidence of a moderate right carpal tunnel. Surgical intervention was completed on 3/7/14, right carpal tunnel release. Claimant has history of prior right hand trigger finger released of the third and fourth digits. Last exam on 07/21/14, exam reveals well healed incision. There is a full range of motion of the wrist and ditis. There is no numbness to two point discrimination. No pain. States patient is at maximum medical improvement and is permanent and stationary. She is released to return to her regular job, no restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the right hand two times a week for three weeks with physical therapy evaluation and re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web based version, Carpal Tunnel Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** In this case, claimant is over six months post right carpal tunnel release. Claimant has healed well without complications noted. Pain and numbness resolved. Has full range of motion, full strength and has been released to return to work full duty, no restrictions as of July 21st. There are no deficits or residual symptoms for therapy to address, therefore, additional therapy visits are not medically necessary and appropriate.