

<b>Case Number:</b>	CM14-0087284		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 29 year old female with an injury date on 10/01/11. Based on the 05/08/14 progress report provided by [REDACTED] this patient is "having residual and intermittent tingling and numbness of the left and to a degree on the right." Objective findings of this patient show "well-healed scars right upper extremity from the elbow and carpal tunnel release" with "grip strength by Jamar dynamometer testing, in pounds (average of 3), is as follows: Right 16; left 18, and elbow flexion test is positive on the left." This patient is temporarily totally disabled. Diagnoses for this patient are: 1. Status post right carpal tunnel release and ulnar nerve release (11/08/2013). 2. Symptomatic left upper extremity, suspect carpal tunnel syndrome and ulnar nerve compression. The utilization review being challenged is dated 05/28/14. The request is physical therapy 2x6 weeks for right upper extremity. [REDACTED] [REDACTED] is the requesting provider and he provided progress reports from 08/15/13 to 05/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks for right upper extremity:** Upheld

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

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

**Decision rationale:** This patient is still having residual and intermittent tingling and numbness of the left upper extremity with weak grip strength. The treating physician requests physical therapy 2 x 6 weeks for right upper extremity; however, the 02/27/14 physical therapy progress report by [REDACTED], notes this patient has received 18 total post-surgical treatments from 12/05/13 to 02/27/14. Regarding cubital tunnel release, MTUS post-surgical treatment guidelines allow for 20 visits over 3 months with a 6 months post-surgical physical medicine treatment period, and regarding open carpal tunnel syndrome, MTUS post-surgical treatment guidelines allow for 3-8 visits over 3-5 weeks with a 3 months post-surgical physical medicine treatment period. The request for 12 additional sessions to the 18 that this patient has already received would exceed the number of treatments recommended by MTUS post-surgical guidelines. Furthermore, the treating physician does not explain why additional therapy is needed and why the patient cannot transition into a home exercise program. Although this patient has "been compliant and has had improvement" with physical therapy, there has been no documentation of functional improvement from prior therapy and or documentation of treatment goals, nor any documentation or discussion of a specific home exercise program to supplement the therapy visits. The request is not medically necessary and appropriate.