

<b>Case Number:</b>	CM14-0205174		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Surgery 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:

According to the records made available for review, this is a 40-year-old male with a 5/25/10 date of injury, and left endoscopic carpal tunnel release with tenovagotomy and extensor tenosynovectomy 8/15/14. At the time (10/3/14) of request for authorization for Additional Physical Therapy 2x6 for left wrist, there is documentation of subjective (left wrist/hand pain) and objective (surgical scar on left wrist) findings, current diagnoses (left carpal tunnel syndrome), and treatment to date (medications and previous physical therapy treatments). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x6 for left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of left carpal tunnel. In addition, there is documentation of left endoscopic carpal tunnel release with tenovagotomy and extensor tenosynovectomy on 8/15/14. Furthermore, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy 2x6 for left wrist is not medically necessary.