

<b>Case Number:</b>	CM14-0027622		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic Surgery

### 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 patient is a 56 year old female with a reported date of injury on 8/8/13 who was certified for right carpal tunnel release, right 1st CMC arthroplasty and right index finger DIP joint fusion. A request was made for 2 x 12 physical therapy visits(24). This request was not certified but modified to 12 visits, postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op occupational therapy 2 x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 16, 19.

**Decision rationale:** The patient is a 56 year old female with 3 medically necessary procedures certified: right carpal tunnel release, fusion of right index finger DIP and right 1st CMC arthroplasty. Thus, post-operative physical therapy should be considered medically necessary within the guidelines below. Initial course of therapy, means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical

Medicine treatment recommendations set forth in subdivision (d)(1) of this section. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months. The number of visits necessary should not be considered purely additive from the guidelines above, as there is minimal additional therapy necessary for carpal tunnel release. The initial treatment should be an approximately 8 week period that can be extended depending on the functional recovery of the patient. Thus, it is reasonable to use the postsurgical guidelines for the arthroplasty: 24 visits over 8 weeks with 12(1/2) being initially approved. This is consistent with the UR modification. Therefore, 24 visits initially should not be considered medically necessary.