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| <b>Case Number:</b>   | CM14-0211657 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 10/10/2013 |
| <b>Decision Date:</b> | 02/19/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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: California, Tennessee, South Carolina  
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 35-year-old female with a 10/10/13 date of injury and status post left carpal tunnel release on 10/7/14. At the time (12/1/14) of the request for authorization for associated surgical service: post operative physical therapy, 2 times a week for 6 weeks to the left wrist, 12 sessions, there is documentation of subjective (swelling and pain in left hand and numbness) and objective (cannot fully extend or flex fingers, very sensitive to touch, wrist stiff as well) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: post operative physical therapy, 2 times a week for 6 weeks to the left wrist; 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: 9792.24. 3. Postsurgical Treatment Guidelines; and 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 5 weeks and post-surgical physical medicine treatment period of up to 3 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 a diagnosis of carpal tunnel syndrome. In addition, there is documentation of status post left carpal tunnel release on 10/7/14. However, the requested associated surgical service: post operative physical therapy, 2 times a week for 6 weeks to the left wrist, 12 sessions exceeds guidelines (for an initial trial as well as the total number of treatments recommended). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: post operative physical therapy, 2 times a week for 6 weeks to the left wrist, 12 sessions is not medically necessary.