

<b>Case Number:</b>	CM15-0109454		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 55 year old female, who sustained an industrial injury on 5/26/09. She reported initial complaints of bilateral shoulder, bilateral wrists and neck pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis not otherwise specified' cervicalgia; pain in the joint shoulder. Treatment to date has included physical therapy; status post right carpal tunnel release (4/1/03); right shoulder anterior acromioplasty distal clavicle resection/mini rotator cuff tear repair (1/24/05); status post left carpal tunnel release (5/30/03; 2/9/15); acupuncture; aquatic therapy; medications. Diagnostics included MRI left shoulder (2/27/03); MRI right shoulder without contrast (11/15/04); MRI right shoulder (8/7/12); EMG/NCV bilateral upper extremities (11/22/13); X-rays cervical spine (7/7/14). Currently, the PR-2 notes dated 5/22/15 indicated the injured worker is now three and a-half months status post left carpal tunnel release. Overall, the notes report she is improving on the left side. However, she reports she continues to have some weakness; scar is tender and has ongoing pain about the right wrist. On examination, the left wrist has slight discomfort to palpation of the surgical site but there is no tingling. The right side has positive Tinel's with tingling to the median nerve in the index and fourth finger. Range of motion is symmetric but the grip remains weak. Due to her left hand weakness status post carpal tunnel release, the provider is requesting Hand therapy continuation two times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy continuation, 2 x Wk x 4 Wks:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in May 2009 and underwent a left carpal release with revision done in February 2015. When seen, she had attended six therapy treatments. Pain was rated at 5/10. There was decreased and painful cervical spine and shoulder range of motion. There was bilateral wrist tenderness with positive Tinel's signs. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated. The number of additional treatments being requested is in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It is therefore not medically necessary.