

<b>Case Number:</b>	CM15-0013554		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 injured worker is a 54 year old female with an industrial injury dated August 24, 2011. The injured worker diagnoses include carpal tunnel and cubital tunnel syndrome and status post a right carpal tunnel release. She has been treated with diagnostic studies, radiographic imaging, physical therapy, home exercise therapy and periodic follow up visits. According to the progress note dated 12/16/14, the treating physician noted that the injured worker presented for repeat evaluation. The injured worker was status post a right carpal tunnel release and was noted to be doing quite well. Documentation noted well healed incisions with full active and passive range of motion. The treating physician also noted continued grip strength weakness. The treating physician prescribed four sessions of additional post-surgical physical therapy for the right hand. Utilization Review determination on January 12, 2015 denied the request for four sessions of additional post-surgical physical therapy for the right hand, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four sessions of additional post-surgical physical therapy for the right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 16.

**Decision rationale:** According to the California MTUS guidelines-Post surgical treatment Carpal tunnel syndrome 3-8 visits over three to five weeks are recommended. This patient had the onset of symptoms on 08/24/2011 after pushing a table. A diagnosis of tendinitis was made. The PR2 of 10/18/2011 noted DeQuervains syndrome which led to the recommendation for a right thumb spica and on 3 November 2011 according to the PR2 she had a cortisone injection. A DeQuervain's release on 01/26/2012 improved her wrist pain but she was left with right hand numbness. Continued complaints and the conclusion she needed a carpal tunnel release led to the 10/08/14 carpal tunnel release which was followed by physical therapy sessions that exceeded the guidelines. Documentation does not explain why the guideline recommendations should not be followed. The requested treatment: four sessions of additional post-surgical physical therapy for the right hand is not medically necessary and appropriate.