

<b>Case Number:</b>	CM15-0133562		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 45 year old male, who sustained an industrial injury on August 7, 2014, incurring right hand injuries from repetitive motion. He was diagnosed with a right trigger finger. Treatment included steroid injections, night bracing, anti-inflammatory drugs and ant anxiety medications, all without lasting relief. An Electromyography study revealed moderate to severe carpal tunnel syndrome of the right hand. In April, 2015, the injured worker underwent a right carpal tunnel release. Currently, the injured worker complained of persistent pain in the right hand with numbness and tingling in the long and right fingers. The treatment plan that was requested for authorization included additional post-operative physical therapy for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy 2 x 3 weeks, for the right hand:** 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 August 2014 and underwent an open right carpal tunnel release on 04/07/15. Case notes reference completion of at least 15 postoperative therapy treatment sessions. At her initial postoperative follow-up visit she had no complaints. Now being requested is an additional six therapy treatment sessions. 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 treatments 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. The request was not medically necessary.