

<b>Case Number:</b>	CM15-0140647		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female, who sustained an industrial injury on 10-21-2014. The mechanism of injury was cumulative injury. The injured worker was diagnosed as having recent carpal tunnel release, carpal tunnel syndrome and ulnar nerve lesion. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5-28-2015, the injured worker complains of some incisional pain with the numbness nearly gone. Physical examination showed a healed wound and digital stiffness. The treating physician is requesting post-operative physical therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient is s/p open carpal tunnel release with flexor tenosynovectomy and Guyon decompression in April 2015 and was authorized for 12 post-op PT visits. Follow-up

report of 5/28/15 noted recovery with numbness nearly gone with wound well-healed without post-operative complications. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient has 12 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. The Post-operative physical therapy 2 times a week for 6 weeks is not medically necessary and appropriate.