

<b>Case Number:</b>	CM15-0183537		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Maryland

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

The injured worker is a 46 year old female with an industrial injury dated 05-15-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and left cubital tunnel syndrome. In a progress report dated 08-06-2015, the treating physician reported that the injured worker was status post left carpal tunnel release with good results, however the injured worker continues to have intermittent left cubital tunnel symptoms. Documentation (08-06-2015) noted that the injured worker will continue with home exercise program and anti-inflammatories and is awaiting response for additional therapy for the left side. According to the progress note dated 09-01-2015, the injured worker reported gradual improvement on the left side with no change in symptoms on the right side. Objective findings (09-01-2015) revealed well healed incision on the left side. Treatment has included x-ray, electrodiagnostic studies, left carpal tunnel release on 05-20-2015, 16 physical therapy sessions, home exercise, anti-inflammatories, elbow extension split, and periodic follow up visits. The utilization review dated 09-09-2015, non-certified the request for 12 additional physical therapy sessions for left wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy # 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Post surgical guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums up 8 sessions. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. The MTUS recommends a 3 month postoperative therapy period. The MTUS recommends a transitioning to an independent home exercise program. The documentation indicates that the patient has had excessive therapy for this condition. At this point the patient is out of the postsurgical period. The documentation does not reveal extenuating factors which would necessitate 12 more supervised therapy sessions. Furthermore, the request does not specify a body part for therapy. Therefore this request is not medically necessary.