

<b>Case Number:</b>	CM15-0207237		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 55 year old female, who sustained an industrial injury on 12-13-10. The injured worker was being treated for status post C5-7 fusion, status post L5-S1 posterior lumbar interbody fusion, bilateral shoulder impingement syndrome with tendinosis, bilateral carpal tunnel syndrome and left ankle sprain-strain. On 8-19-15, the injured worker complains of residual left wrist pain with improvement of numbness and tingling; there is frequent pain in right wrist aggravated by repetitive motions, griping, grasping, pushing, pulling and lifting. Physical exam of bilateral wrists performed on 8-19-15 revealed well healed left carpal tunnel release scar, tenderness over the volar aspect of the wrist, positive palmar compression test, positive Tinel's sign, full but painful range of motion and dyesthesia at radial digits. Treatment to date has included bilateral carpal tunnel release, 8-12 post op physical sessions, left carpal tunnel repair, oral medications, home exercise program and activity modifications. On 8-19-15 request for authorization was submitted for 8 additional physical therapy sessions to left hand-wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2x4 for The Left Hand/Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** Review indicates the patient is s/p carpal tunnel release and has had at least 8 postop PT visits. 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 had has at least 8 post-op sessions 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 PT 2x4 for The Left Hand/Wrist is not medically necessary and appropriate.