

<b>Case Number:</b>	CM15-0029025		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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 35-year-old right-hand-dominant female with a history of carpal tunnel syndrome of the right hand. A nerve conduction study revealed the distal motor latency of the right median nerve to be 4.6 ms and the sensory latency 4.2 ms. Needle electromyography was negative. The injured worker underwent a right carpal tunnel release on January 13, 2015. On January 28, 2015 she had completed 6 postoperative physical therapy sessions. The disputed request is for 6 additional sessions at that time. Utilization review noncertified the request using California MTUS postsurgical treatment guidelines. This has been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the right wrist and hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16.

**Decision rationale:** The injured worker is a 35-year-old right hand dominant female with a history of carpal tunnel syndrome. The distal motor latency of the right median nerve was 4.6 ms and the sensory latency was 4.2 ms. Electromyography was negative. There was no denervation of the abductor pollicis brevis noted. The injured worker underwent a right carpal tunnel release on January 13, 2015. The operative report is not included with the medical records. She presented on January 28, 2015 for suture removal. The notes indicate that she did not take her antibiotics and stopped taking Norco. She was having 2+ headaches. The provider requested physical therapy for the right hand, refill of antibiotics, and follow-up in one week. Physical therapy notes have not been included with the medical records. However, the utilization review notes indicate that she had completed 6 postoperative physical therapy sessions at the time of the request for authorization on 1/28/2015. The request was for 6 additional sessions, 2 times per week for 3 weeks. California MTUS postsurgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 3-8 visits over 3-5 weeks. The injured worker had completed 6 visits. As such, the request for additional 6 visits exceeded the guidelines. There was no documentation of continuing objective functional improvement. There was no reason why she could not continue with a home exercise program. As such, the request for 2 x 3 physical therapy is not supported and the medical necessity of the request has not been substantiated.