

<b>Case Number:</b>	CM15-0216494		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a [REDACTED] beneficiary who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of January 28, 2015. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for 6 sessions of physical therapy. The claims administrator stated that the applicant had undergone an earlier right carpal tunnel release surgery of July 10, 2015. The claims administrator stated that the applicant had attended 13 prior postoperative treatments. An October 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a handwritten physical therapy progress note dated October 9, 2015, the applicant was described as having undergone 14 treatments to date. The applicant was described as doing good, the treating provider reported. The applicant's numbness was much improved postoperatively despite some low-grade soreness appreciated about the incision line. The applicant's work status was not detailed. On October 1, 2015, the applicant was given a 10-pound lifting limitation. Six additional therapy treatments were sought status post earlier carpal tunnel release surgery. The applicant exhibited in duration about the scar, full range of motion about the injured wrist, 10-pound grip strength about the right hand versus 35 pounds about the left hand. On an earlier note dated August 20, 2015, the applicant was asked to resume modified duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional physical therapy visits to include evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** No, the request for 6 additional physical therapy sessions was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (13-14 sessions) seemingly in excess of the 3-8 treatments suggested in the MTUS Postsurgical Treatment Guidelines following carpal tunnel release surgery, as seemingly transpired here. The Postsurgical Treatment Guidelines further note in MTUS 9792.24.3.c4 that the frequency of visits shall be gradually reduced or discontinued as an applicant gain independence in management of symptoms and with achievement of functional goals. Here, all evidence on file pointed to the applicant's trending favorably, per a medical office visit of October 1, 2015 and a handwritten physical therapy progress note dated October 9, 2015. It appeared, thus, that the applicant had seemingly returned to work, as suggested on October 1, 2015. It appeared, thus, that the applicant was likewise capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of treatment at issue, as suggested in MTUS 9792.24.3.c4. Therefore, the request is not medically necessary.