

<b>Case Number:</b>	CM15-0030256		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old female patient, who sustained an industrial injury on 10/21/11. The diagnoses include status post re-exploration of left carpal tunnel and external neurolysis of left median nerve. Per the physician progress note dated 1/30/15, she had complains of left wrist pain. The exam of the left wrist revealed left upper extremity incision-clean and dry, the pain rated 7/10 on pain scale, and unable to spread out her hand without having pain. Work status was to remain off work until 2/23/15 with other restrictions per primary care physician. The current medications list is not specified in the records provided. She has undergone re-exploration of left carpal tunnel and external neurolysis of left median nerve on 1/7/15. She has had EMG/NCS dated 9/15/2014 which revealed bilateral carpal tunnel syndrome. She has had 6 physical therapy sessions to date. The Treatment Plan included physical; therapy 3 times a week for 3 weeks and to return to clinic in 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left wrist, 3 times a week for 3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Post Surgical Rehabilitation (8 CCR 9792.24. 3), Carpal Tunnel Syndrome. Carpal tunnel syndrome (ICD9 354.0).

**Decision rationale:** The Expert Reviewer's decision rationale: Request: Physical therapy for the left wrist, 3 times a week for 3 weeks MTUS post-surgical guidelines recommend 3 to 8 post op visits over 3 to 5 weeks for this surgery. Per the records provided patient has already had 6 post op physical therapy visits for this surgery. Therefore, the requested additional visits in addition to the previously rendered physical therapy visits are more than recommended by the cited criteria. Per MTUS post-surgical guidelines, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. There is no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. In addition per the cited guidelines Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy for the left wrist, 3 times a week for 3 weeks is not fully established for this patient.