

<b>Case Number:</b>	CM15-0047742		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: New Jersey, New York

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:

The injured worker is a 59-year-old female, who sustained an industrial injury on 08/04/2014. She reported pain and numbness to both hands. The injured worker was diagnosed as having bilateral severe carpal tunnel syndrome. Treatment to date has included nerve conduction studies, carpal tunnel release and physical therapy. Currently, the injured worker complains of pain and numbness of the right hand. Handwritten progress noted dated 01/19/2015 and 02/09/2015 were not legible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3xwk x 4wks, Right hand:** Upheld

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

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

**Decision rationale:** The request is considered not medically necessary. The documentation of progress after the patient's right carpal tunnel release is illegible. The patient had post-operative

physical therapy but it was unclear how many sessions she had and what sort of improvement in pain and function she had. According to MTUS guidelines, extensive physical therapy after a carpal tunnel release is not necessary unless the surgery failed or there was a misdiagnosis. Continuation of a home therapy program would be beneficial. Therefore, the request for additional supervised physical therapy is considered not medically necessary.