

<b>Case Number:</b>	CM15-0054401		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male injured worker suffered an industrial injury on 06/18/2012. The diagnoses included cervical spine sprain/strain with possible associated discopathy, impingement syndrome right shoulder and bilateral carpal tunnel syndrome. The diagnostics included left shoulder magnetic resonance imaging and electromyography studies. The injured worker had been treated with physical therapy, and right shoulder arthroscopy x 2. On 2/16/2015 the treating provider reported pain to his neck, shoulders, bilateral hands with numbness and headaches. There was reduced range of motion, decreased strength and tenderness. There was anticipated carpal tunnel release of left wrist. The treatment plan included post-operative physical therapy for left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 post-operative physical therapy visits; 3 times a week for 8 weeks for the left wrist:**

Upheld

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

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

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and continues to be treated for pain including left wrist pain with hand numbness and tingling due to carpal tunnel syndrome. A carpal tunnel release is being planned. Carpal tunnel release surgery is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. The number of treatments is in grossly in excess of Guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. This request is therefore not medically necessary.