

<b>Case Number:</b>	CM14-0115365		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient with a date of injury of 2/24/14. A utilization review determination dated 6/24/14 recommends modification of PT from 8 sessions to 4 sessions. Carpal tunnel release of the left wrist was recently authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine procedure (8 physical therapy sessions, 2 times a week for 4 weeks):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 & 270, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

**Decision rationale:** Regarding the request for 8 physical therapy sessions, CA MTUS recommends 5-8 sessions after carpal tunnel release, with half that amount recommended initially. Within the documentation available for review, the patient was recently authorized for carpal tunnel release and a request for postoperative PT was modified from 8 sessions to 4 sessions consistent with the recommendations of the CA MTUS. While 4 initial sessions are appropriate, the current request for 8 sessions exceeds the supported amount of initial PT and,

unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 8 physical therapy sessions are not medically necessary.