

<b>Case Number:</b>	CM14-0122950		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, and is licensed to practice in Connecticut. 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:

The injured worker is a 53 year old male who reported an injury on 06/11/2011 due to an air conditioning unit falling on top of his left hand. His diagnosis included status post left carpal tunnel decompression. His past treatments included 3 post-operative physical therapy visits. The injured worker had open neuroplasty of median nerve at left carpal tunnel on 04/22/2014. On 07/17/2014 the injured worker noted his pain rating went from a 7/10 to 6/10 in the left wrist, but his hand pain is increasing with firm grasping activities. On physical examination, the range of motion for the left wrist was flexion 24 degrees, extension 20 degrees, radial deviation 16 degrees and ulnar deviation 25 degrees. His medications included omeprazole, tramadol and Zolpidem. The treatment plan was for continued physical therapy. A request was received for physical therapy three times a week for three weeks to increase range of motion in the left wrist. A Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist post surgical physical therapy 2-3 per week for 6 weeks: 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): 18.

**Decision rationale:** The request for left wrist post-surgical physical therapy 2-3 per week for 6 weeks is not medically necessary. According to the California MTUS Guidelines, postoperative physical medicine is recommended for 3-8 visits over 3-5 weeks following carpal tunnel release within a 3 month timeframe. It was noted the injured worker to be status post left carpal tunnel decompression the injured worker was noted to have completed 3 physical therapy visits as of 07/17/2014. The documentation failed to provide evidence of significant objective functional improvement with previous physical therapy. The injured worker has also exceeded the 3 month postsurgical physical medicine period. In addition, the provider's request for post-surgical physical therapy 2-3 per week for 6 weeks, in addition to the 3 previous visits, exceeds the guideline recommendations and no exceptional factors were documented. As such, the request for left wrist post-surgical physical therapy 2-3 per week for 6 weeks is not medically necessary.