

<b>Case Number:</b>	CM14-0123071		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	10/24/2014	<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 Orthopedic Surgery 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 56 year old female with an 11/1/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/10/14 noted subjective complaints of bilateral wrist pain. Objective findings included tenderness at b/l wrists and normal ROM bilateral wrists. It was noted 7/28/14 that the patient has had 14 sessions with hand therapy with noted benefit. Diagnostic Impression: carpal tunnel syndrome Treatment to Date: carpal tunnel release, physical therapy, medication management A UR decision dated 7/17/14 denied the request for hand therapy x 8. This individual underwent right carpal tunnel release about 4 months ago and has attended 11 or more supervised postoperative PT sessions and she still complaints of pain in her wrists including the right wrist. The available records were only partially legible and did not make it clear that she derived objectively measured benefit from attendance at supervised postoperative PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy x 8:** Upheld

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

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

**Decision rationale:** MTUS states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximum of 8 visits. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. However, the patient was noted to have already had 14 prior postoperative physical therapy visits with noted subjective benefit. There is no clear rationale why the patient would need an additional 8 visits when she has already exceeded the recommended guideline maximum. Therefore, the request for hand therapy x 8 was not medically necessary.