

<b>Case Number:</b>	CM14-0146067		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Orthopaedic 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 46-year-old female call center representative sustained an industrial injury on 10/2/11 due to cumulative trauma. The 6/29/12 left wrist MRI documented a synovial versus ganglion cyst ventral to the radioscaphoid joint and first metacarpal trapezium osteoarthritis. The 7/10/12 electrodiagnostic studies were consistent with bilateral carpal tunnel syndrome and C6 and C7 radiculopathy. The patient underwent right carpal tunnel release on 4/2/14. The 7/24/14 orthopedic report cited worsening grade 5/10 left wrist pain radiating to the left fingers. Pain was described as stabbing, radiating, throbbing, tingling, burning, and numbness. There were no alleviating factors. The patient had failed guideline-recommended conservative treatment. Left carpal tunnel release and post-op physical therapy were requested. The 8/8/14 utilization review certified a request for left carpal tunnel release and modified a request for 9 post-op physical therapy sessions to 4 sessions, consistent with post-surgical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 post-operative physical therapy sessions:** 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:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 8/8/14 utilization review modified this request for 9 post-op physical therapy sessions to 4 sessions consistent with guidelines for initial post-surgical treatment. There is no compelling reason to support the medical necessity of additional physical therapy beyond initial post-op care currently certified. Therefore, 9 post-operative physical therapy sessions is not medically necessary.