

<b>Case Number:</b>	CM14-0092825		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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:

The injured worker is a 52-year-old female who sustained a vocational injury on February 8, 2012, and has been approved for right carpal tunnel release. The records available for review document co-morbidities, including depression and anxiety, and an allergy to penicillin. The injured worker is currently under treatment with Relafen, Omeprazole and Ultracet. This request is for 16 sessions of postoperative physical therapy and preoperative medical clearance by an internist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 x a week for 8 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Treatment Guidelines would not support 16 sessions of physical therapy following right carpal tunnel syndrome. The Postsurgical rehabilitative Guidelines recommend three to eight visits of physical therapy over three to five weeks in the three-month period following carpal tunnel release. In this case, the request for 16 sessions exceeds the Postsurgical Guidelines maximums and, therefore, would not be indicated as medically necessary. There is no documentation in the medical records to determine why this

injured worker would be an exception to the standard guideline treatment and require more therapy. As such, this request is not medically necessary.

**Preoperative clearance with internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Preoperative testing, general

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** California MTUS ACOEM Guidelines would not support the need for preoperative medical clearance. The reviewed records do not document significant co-morbidities that would require preoperative evaluation or testing prior to undergoing a surgery such as right carpal tunnel release, which does not require general anesthesia. Due to the low risk of adverse outcome, this request is not medically necessary.