

<b>Case Number:</b>	CM14-0212928		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 54-year-old male underwent right carpal tunnel release on 7/16/14 and left carpal tunnel release on 4/9/14. He has had 24 postoperative therapy sessions. He complains of residual right hand weakness. He would like therapy for the right hand. His grip strength is 56 pounds for the right hand and 80 pounds for the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post-operative physical therapy, 8 sessions to the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post therapy guidelines, Carpal tunnel release.

**Decision rationale:** The patient has already had 24 sessions of therapy following his carpal tunnel release. The MTUS guidelines allow for up to 8 sessions per hand or a total of 16 sessions. The request exceeds the maximum number of allowable therapy sessions. The patient should be able to transition to a home exercise program to complete his strengthening program.

Therefore the requested treatment of 8 continued sessions of post-operative physical therapy for the right wrist is not medically necessary.