

<b>Case Number:</b>	CM15-0011488		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/27/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Illinois, California, Texas  
Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 56 year old female with an industrial injury dated 3/27/11. She was diagnosed with bilateral carpal tunnel syndrome and underwent left carpal tunnel release on 11/18/14. The 11/26/14 treating physician report cited grade 7/10 pain with tightness and tenderness. X-rays documented an increase in left hand osteoarthritis. The treatment plan recommended 12 post-op physical therapy visits. The 12/23/14 utilization review determination modified the request for 12 post-surgical physical therapy visits to 8 visits for the left wrist, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post surgical physical therapy x 12 for left wrist:** 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. 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 12/23/14 utilization review recommended partial certification of 8 post-surgical physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care beyond guidelines recommendations and the utilization review decision of 12/23/14. Therefore, this request is not medically necessary.