

<b>Case Number:</b>	CM15-0118822		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male who sustained an industrial injury on 6-9-13. In a letter dated 2-23-15, the treating physician notes the injured worker was seen this date for a repeat evaluation. He is status post staged bilateral carpal tunnel and cubital tunnel releases. He reports gradual improvement in his symptoms. He is advanced to no lifting, pushing or pulling greater than 10 pounds and no power gripping. It is noted that the physician concurs with the therapist, who reports the injured worker has made significant but incomplete improvement with therapy, particularly with respect to grip strength on the left side and does concur with the additional 12 sessions of therapy. Medications dispensed this visit are Nabutemone and Zolpidem Tartrate. In a letter dated 3-30-15, the physician notes the injured worker was seen this date for a repeat evaluation and he continues to complain of pain with activity at the left elbow and an area of sensory deficit immediately distal to the incision. He has full active and passive range of motion of the elbows. He will continue with his therapy. The requested treatment is physical therapy 2 times a week for 6 weeks; left hand and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks left hand/wrist:** Overturned

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

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

**Decision rationale:** The patient presents with continued pain with activity at the left elbow and an area of sensory deficit immediately distal to the incision. The current request is for Physical therapy 2 times a week for 6 weeks left hand/wrist. The patient is status post bilateral carpal tunnel and cubital tunnel release with a surgery date of 12/03/14. (34B) The treating physician states, in a report dated 05/12/15, "According to the therapist, the patient had made significant but incomplete improvement with the therapy particularly with respect to grip strength on the left side and agreed with the additional 12 sessions of the therapy." (15B) The MTUS post surgical physical therapy guidelines recommend 20 sessions over three months. The MTUS post surgical guidelines state that if physical medicine is necessary post surgically then the treatment period is 6 months. However, in the records available for review, the total number of PT sessions completed to date is not documented. There is no indication in the medical records provided that the IW has exceeded the limit of physical therapy. The current request is medically necessary.