

<b>Case Number:</b>	CM15-0128517		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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

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 57-year-old female, who sustained an industrial injury on 1/9/13. The injured worker was diagnosed as having left wrist carpal tunnel syndrome. Treatment to date has included physical therapy, open left carpal tunnel release on 2/16/15, and medication. Physical examination findings on 5/22/15 included tenderness and decreased range of motion in bilateral wrists and shoulders. Currently, the injured worker complains of pain in the wrists and shoulders. The treating physician requested authorization for 12 physical therapy sessions for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physical therapy sessions for the 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.

**Decision rationale:** This patient is status post left carpal tunnel release on 02/16/15. The current request is for Twelve (12) physical therapy sessions for the left wrist. The RFA is dated 05/28/15. Treatment to date has included physical therapy, open left carpal tunnel release on

2/16/15, and medication. The patient is to remain off work until 07/10/15. For Carpal Tunnel Syndrome, MTUS post-surgical guidelines page 15 allows for 3-8 sessions over 3-5 weeks. This patient is status post left carpal tunnel release on 02/16/15. Per report 03/13/15, the patient has ongoing stiffness and pain in the shoulder, neck and bilateral wrist. The hand written examination finding on this day is illegible. Examination findings from 04/17/15 revealed tenderness, spasms and decreased ROM in the cervical spine. There was decreased ROM in the shoulder and scaring on the wrist noted. The progress report is hand written and partially illegible. Treatment plan was "more post op PT 2x6 (L) wrist." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. It appears the patient has participated in an undisclosed number of post op PT sessions as the PR2 from 05/17/15 recommended "more" post op PT. Given patient's symptoms and postoperative status, up to 8 postoperative visits would be indicated following a carpal tunnel release. In this case, the treater has requested additional 12 visits which exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.