

<b>Case Number:</b>	CM14-0144522		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Orthopaedic Surgery 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:

This 50-year-old female customer service employee sustained an industrial injury on 3/1/13 relative to repetitive work activities. Past medical history was positive for diabetes. The 2/7/14 right wrist MRI impression documented prominent tenosynovitis, tendinosis, and partial tear of the extensor carpi ulnaris in the area of the ulnar styloid groove. There was a suspected tear of the lunotriquetral ligament. There was no obvious triangular fibrocartilage complex full thickness disruption. Electrodiagnostic testing was reported positive for carpal tunnel syndrome. The injured worker underwent right carpal tunnel release on 5/9/14. The 7/1/14 treating physician report stated the patient had improved in physical therapy. Continued swelling, weakness and residual hand pain were reported. Physical exam documented grip strength of 40 pounds right and 62 pounds left. There was 45 degrees of wrist flexion and extension. Additional physical therapy was recommended for 12 sessions. The 7/22/14 physical therapy progress report indicated the patient had completed 12 post-op sessions. Current right wrist/hand pain was reported grade 5/10. Mild to moderate difficulty was noted in lifting, pulling, grasping/gripping, pushing, bathing, carrying and fine dexterity. Right wrist range of motion was functional pain noted in flexion. Right wrist strength was 4+/5, left wrist strength was 5-/5. Grip strength was 15/20/20 pounds right and 45/50/50 left. The therapist documented improved range of motion and grip with physical therapy to date. Twelve additional sessions were recommended to improve range of motion, grip, and overall function. The 8/6/14 utilization review denied the request for 12 additional physical therapy sessions as this exceeded post-surgical guideline recommendations with no exceptional factors noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits with Evaluation for the Right 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. Guideline criteria have not been met. This patient completed 12 post-op therapy visits with improvement noted. Functional range of motion and strength are documented. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program for continued rehabilitation. Therefore, this request is not medically necessary.