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| <b>Case Number:</b>   | CM13-0009958 |                              |            |
| <b>Date Assigned:</b> | 09/17/2013   | <b>Date of Injury:</b>       | 06/04/2007 |
| <b>Decision Date:</b> | 02/27/2014   | <b>UR Denial Date:</b>       | 07/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

The patient is a 39-year-old female who reported an injury on 06/04/2007. The patient is diagnosed with bilateral carpal tunnel syndrome and rule out cervical radiculopathy. The patient was seen by [REDACTED] on 06/26/2013. The patient reported ongoing symptomatology in bilateral hands and wrists. Physical examination revealed a well-healed incision in the palmar crease of the right hand, positive palmar compression testing, and positive Tinel's testing. Treatment recommendations included a left carpal tunnel release followed by a revision right carpal tunnel release in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-op physical therapy visits for the left wrist and right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment

recommendations. Postsurgical treatment following endoscopic/open carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for 12 sessions of postoperative physical therapy greatly exceeds the guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

**One (1)wrist sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day depending upon activity. As per the documentation submitted, a wrist sling was requested in conjunction with carpal tunnel release. However, without indication that the patient's surgical procedure has been authorized, the current request for postoperative durable medical equipment cannot be determined as medically necessary. As such, the request is non-certified.

**Medical clearance with internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining an agreement to a treatment plan. As per the documentation submitted, there is no indication of a significant medical history or comorbidities that would require the need for preoperative medical clearance. Additionally, there is no indication that this patient's surgical procedure has been authorized; therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.