

<b>Case Number:</b>	CM13-0054015		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 71-year-old male with a 12/18/09 date of injury. At the time (9/3/13) of the request for authorization for pre op physical therapy, there is documentation of subjective (persistent left wrist pain with dysesthesias and numbness in the fingers) and objective (numbness and dysesthesias in the left thumb and middle index finger, and positive Tinel's and Phalen's signs) findings, current diagnoses (left wrist carpal tunnel syndrome), and treatment to date (wrist splints, medications, and activity modification). In addition, medical report identifies a request for left carpal tunnel release and 1 pre-operative physical therapy session. Furthermore, 9/26/13 medical report identifies non-certification of a request for left carpal tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE OP PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Physical medicine treatment.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of physical therapy for patients with a diagnosis of carpal tunnel syndrome not to exceed 3 visits over 5 weeks. Within the medical information available for review, there is documentation of a diagnosis of left wrist carpal tunnel syndrome. In addition, there is documentation of a request for left carpal tunnel release and 1 pre-operative physical therapy session. However, given non-certification of the request for left carpal tunnel release surgery, there is no documentation of a pending surgery that has been certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for pre op physical therapy is not medically necessary.