Case Number:	CM13-0054373		
Date Assigned:	12/30/2013	**Date of Injury:**	09/03/2010
Decision Date:	08/11/2014	**UR Denial Date:**	11/12/2013
Priority:	Standard	**Application Received:**	11/19/2013

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 Physical Medicine and 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 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:

The injured worker is a 57-year-old female who reported an injury on 09/03/2010 due to an unknown mechanism. The injured worker had a physical examination on 10/21/2013 where she complained of continued pain. The injured worker had arthroscopic surgery to include a subacromial decompression on 03/27/2013. At this examination, a review of the electromyography studies and a nerve conduction study which were done on 10/16/2013 revealed mild ulnar neuropathy at the elbow, affecting the mild motor conduction velocity slowing across the elbow segment, and mild sensory accent loss. There was no evidence of significant motor condition block or motor denervation, with mild left median neuropathy of the wrist. There was evidence of mild left median sensory conduction delay across the carpal tunnel. There was no evidence of significant motor conduction abnormality, motor denervation or accent loss. There was no electrodiagnostic evidence of left ulnar or right median neuropathy or bilateral radius neuropathies. The electromyography revealed no evidence of cervical radiculopathy or other axonal neuropathic process. She had tenderness over the cubital tunnel on the right side, and positive Durkin's test bilaterally at the carpal tunnels, worse on the left than on the right. The electromyography impression revealed right cubital tunnel syndrome and mild left carpal tunnel syndrome. Treatment plan for the injured worker was a surgical intervention for carpal tunnel on the left. Also being requested is a right elbow pillow splint for the right cubital tunnel syndrome. The injured worker had a follow up physical examination on 06/17/2014 which revealed the injured worker was status post left carpal tunnel with lysis of adhesions involving the third and fourth digits of the left hand, with flexor tenosynovectomy, neuropraxia median nerve, and fasciotomy left distal forearm, and antebrachial fascia. The injured worker had similar findings concerning the right wrist and hand. Examination revealed a positive Tinel's sign over the ulnar nerve of the right elbow. It was also noted there was some weakness of the intrinsics

and some decreased sensation over the ulnar distribution of the right hand. There was a positive Durkin's test and positive Phalen's test over the right wrist, with a positive Tinel's test. Current medications for the injured worker were Norco, naproxen, gabapentin, lisinopril, and hydrochlorothiazide. Diagnosis was right carpal tunnel syndrome. The treatment plan was for right flexor tenosynovectomy of the wrist with carpal tunnel release, decompression of the arterial palmar arch, neurolysis of the median nerve using 3.5 power lenses, and tenolysis of the flexor tendon's right wrist with fasciotomy right distal forearm antebrachial fascia. The request was for initial postoperative outpatient physical therapy for the left wrist (2 times per week for 6 weeks). No other prior physical therapy or physical medicine reports were submitted with functional measurable gains. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL POST-OPERATIVE OUTPATIENT PHYSICAL THERAPY FOR THE LEFT WRIST (2 TIMES PER WEEK FOR 6 WEEKS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM acoempracticeguidelines.org.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15, 16.

Decision rationale: The initial postoperative outpatient physical therapy for the left wrist (2 times per week for 6 weeks) is certified. The injured worker is status post carpal tunnel release on 02/05/2014 of the left wrist. The request is for postoperative physical therapy of the left wrist, 2 times per week for 6 weeks. The California Medical Treatment Utilization Schedule for carpal tunnel syndrome states there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. Benefits and measureable gains need to be documented after the first week, and prolonged therapy visits are not supported. Physical therapy visits should be contingent on documentation of objective improvements, VAS improvement greater than 4, and long-term resolution of symptoms. General 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. Post surgical treatment for carpal tunnel syndrome is 3 to 8 visits over a a 3 to 5 week period, with documented success of functional gains and improvement. One half of that would be 4 visits. While the injured worker would meet indications for initial post-operative therapy, the request as submitted exceeds guideline recommendations. As such, the request is medically necessary.