

<b>Case Number:</b>	CM13-0062570		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2013

### 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 Orthopedic 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 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 62-year-old female who reported an injury on March 15, 2013. The mechanism of injury was noted to be a fall. The patient is diagnosed with carpal tunnel syndrome and trigger finger. Surgery was performed on November 05, 2013 including an open release of the left carpal tunnel and a release of the left index finger A1 inner band. The patient was noted to have completed twelve (12) postoperative physical therapy visits from December 06, 2013 through January 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**postoperative occupational therapy two (2) times a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17;20.

**Decision rationale:** According to the California MTUS Postsurgical Guidelines, postsurgical physical therapy is recommended following surgery for a trigger finger at 9 visits over 8 weeks and for surgery for carpal tunnel at 3 to 8 visits over 3 to 5 weeks. The postsurgical physical medicine treatment period following a trigger finger release is 4 months and following a carpal tunnel release is 3 months. The postsurgical physical medicine guidelines also state that

following a general course of therapy, further treatment may be continued up to the end of the postsurgical physical medicine period if it is determined that additional functional improvement can be accomplished. The documentation failed to indicate the reason the patient needs further physical therapy as she has already exceeded the guideline recommendations for 3 to 8 visits for carpal tunnel syndrome and 9 visits for trigger finger. The guidelines state that benefits from physical therapy following surgery for carpal tunnel release should be documented after the first week, and prolonged therapy visits are not supported. Further documentation would be needed indicating the need for physical therapy visits beyond the guideline recommendations as there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. In the absence of exceptional factors and further documentation regarding the request, it is not supported by guidelines. As such, the request is non-certified.