

<b>Case Number:</b>	CM14-0006733		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/12/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational Medicine, 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 patient is a 40-year-old male who has submitted a claim for carpal and cubital tunnel syndrome associated with an industrial injury date of November 12, 2006. Medical records from 2013-2014 were reviewed, the latest of which dated February 4, 2014 revealed that the patient reports gradual improvement in his symptoms, but continues to complain of cramping in the forearm and weakness of the intrinsics. On physical examination, there are well healed incisions noted. There is no evidence of infection. He has weakness of grip strength on the left side. Treatment to date has included left carpal tunnel release and cubital tunnel release (8/9/13), activity modification, physical therapy, and medications which include nabumetone, zolpidem and oxycodone/APAP Utilization review from January 14, 2014 denied the request for **ADDITIONAL IN-HOUSE CERTIFIED HAND THERAPY 2 X WEEK FOR 6 WEEKS** because there is insufficient clinical information provided to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL IN-HOUSE CERTIFIED HAND THERAPY 2 X WEEK FOR 6 WEEKS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 22.

**Decision rationale:** As stated on pages 15 and 22 of the CA MTUS Post-Surgical Treatment Guidelines, postsurgical physical therapy is recommended for 20 visits over 10 weeks within the treatment period of 6 months following ulnar nerve entrapment/cubital tunnel syndrome release. Regarding physical therapy following carpal tunnel release, there is limited evidence demonstrating the effectiveness of physical therapy or OT occupational therapy. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In this case, the patient underwent left carpal tunnel release and cubital tunnel release (8/9/13), and had several postsurgical physical therapy visits. However, the total number of physical therapy sessions received is unknown due to lack of documentation. Furthermore, pain relief and functional improvements were not documented. Additional physical therapy sessions will exceed guideline recommendation. The medical necessity for additional hand therapy was not established. Therefore, the request for **ADDITIONAL IN-HOUSE CERTIFIED HAND THERAPY 2 X WEEK FOR 6 WEEKS** is not medically necessary.