

<b>Case Number:</b>	CM14-0007484		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 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 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 68-year-old male who has submitted a claim for left hand numbness, associated with an industrial injury date of August 18, 2011. Medical records from 2013 were reviewed. The progress report, dated 12/16/2013, showed numbness of all digits of left hand. Physical examination of the left carpal tunnel revealed negative Tinel sign and ulnar nerve subluxation, but positive Phalen test. The Electromyography (EMG) of the left hand, dated 08/14/2013, showed left tardy ulnar nerve palsy and minimal carpal tunnel syndrome. Patient was previously diagnosed with work-related left clavicle fracture s/p open reduction and internal fixation and rotator cuff tear s/p reverse total shoulder arthroplasty. Currently, patient was diagnosed with left carpal and cubital tunnel syndrome. Treatment plan was Endoscopic Left Carpal Tunnel Release, Possible Open and Left Cubital Tunnel Release Possible Medial Epicondylectomy vs Anterior Subcutaneous Transposition. Utilization review from 01/09/2014 denied the request for 12 sessions of post-operative physical therapy because a concurrent request for Endoscopic Left Carpal Tunnel Release, Possible Open and Left Cubital Tunnel Release Possible Medial Epicondylectomy vs Anterior Subcutaneous Transposition was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to California Medical Treatment Utilization Schedule ( MTUS) Postsurgical Treatment Guidelines, a total of 20 physical therapy visits over 3 months is recommended as post-surgical treatment for cubital tunnel release and 3-8 visits over 3-5 weeks as post-surgical (endoscopic) treatment for carpal tunnel release. In this case, patient was diagnosed with left carpal and cubital tunnel syndrome since August 2013. The treatment plan was to undergo Endoscopic Left Carpal Tunnel Release, Possible Open and Left Cubital Tunnel Release Possible Medial Epicondylectomy vs Anterior Subcutaneous Transposition. However, it is unclear if surgery has been accomplished since utilization review from 01/09/2014 cited its non-certification. Moreover, the present request failed to specify the body part to be treated. The request is incomplete. Therefore, the request for physical therapy 12 sessions of postoperative physical therapy is not medically necessary.