

<b>Case Number:</b>	CM14-0120557		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female with a work injury dated 1/5/07. The diagnoses include status bilateral carpal tunnel release (left in 2008 and right in 2010); status post left trigger thumb release in 2009; depression, lumbosacral sprain with intermittent radiculopathy. Under consideration is a request for post-operative physical therapy 2 times a week for 4 weeks for the bilateral hands and wrists. There is a primary treating physician report dated 6/16/14 states that the patient has continued low back pain, bilateral leg, knee, hand, and wrist pain. She completed physical therapy which has helped decrease her pain level. She is dependent on medication. She feels that her condition has remained the same. She is not working on exam there is a scar of surgery in bilateral wrists and the left thumb. There is a positive Tinel's sign. There is a positive MRI of the left knee with a torn medial meniscus. There is limited range of motion, tenderness and pain. There is weakness in the bilateral upper and lower extremities with lumbar sprain/strain. The treatment plan includes post-operative physical therapy 2 times a week for 4 weeks for the bilateral hands and wrists. Request dated 7/3/14 states that the patient had bilateral wrist surgery in 2008 and 2010, and has not had any post-op therapy. Per documentation the patient underwent a left carpal tunnel release in 6/20/2008 and 9/15/08. 12 post op therapy sessions were certified. The patient is status post right carpal tunnel release surgery in May of 2010 with 4 sessions certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy 2 times a week for 4 weeks for the bilateral hands and wrists:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p 98-99, Postsurgical Treatment Guidelines Page(s): p.15-16.

**Decision rationale:** Post-operative Physical Therapy 2 times a week for 4 weeks for the bilateral hands and wrists is not medically necessary per the MTUS Post Surgical and Chronic Pain Medical Treatment Guidelines. The guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). 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. The documentation indicates that the patient is well beyond the post op period. The documentation also indicates that the patient has had physical therapy postoperatively for carpal tunnel release. The Chronic Pain Medical Treatment Guidelines encourage participation in a self directed home exercise program. The request for post operative physical therapy 2 times a week for 4 weeks for the bilateral hands and wrists are not medically necessary.