

<b>Case Number:</b>	CM14-0151056		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 59 year old female with a reported date of injury on 11/12/13 who requested 8 physical therapy visits for the bilateral wrists and hands. Documentation from progress report dated 8/14/14 notes that the patient complains of a painful left wrist with residual N/T. She complains of burning pain of the right hand. She has difficulty with normal use of both hands. Ibuprofen is documented. Examination notes positive Tinel's and Phalen's with ROM slightly decreased of the left wrist. Right wrist notes ROM increased as compared to the left. Right wrist has positive Tinel's and Phalen's. Pinwheel sensation is intact bilaterally for fingers. There is hyperhidrosis of both hands, sensitive over carpal canal to light touch. 2 point discrimination is intact to left median nerve. Patient progress is noted to be slower than expected with residual median neuritis, 3 months post-op. Recommendation is to evaluate for residual compression of the median nerve with left wrist MRI, NCV bilateral upper extremities, consider cortisone injection post studies, cross-friction usage and 8 additional physical therapy visits of the bilateral hands and wrists. Physical therapy notes are provided from 6/5/14, 6/9/14, 6/11/14, 6/17/14, 6/19/14, 6/25/14, 6/27/14, 6/30/14, 7/2/14, 7/7/14, 7/9/14, and 7/14/14 documenting treatment of the wrists. The patient is noted to have a home exercise program. As of 7/14/14 the patient had completed 12 prescribed visits for the left hand and 4 visits for the right hand. 8 additional sessions are recommended. Progress report dated 6/12/14 notes that the patient has shooting pain of the right hand up the arm, N/T of the right hand, residual N/T of left digits 1-3, hard to grip bilaterally, difficulty making fist bilaterally, and is doing hand therapy only on the left hand. Medications are Motrin and stomach med. Examination notes left hand with pinwheel sensation intact, positive Tinel's, positive tender volar wrist, positive joint tenderness, hypertrophy MCPs, IPs, cannot make fist bilaterally, right hand with positive Tinel's and Phalen's, impingement of right shoulder, swelling of the fingers right greater than left and poor grip bilaterally.

Recommendation is for continued therapy of the left hand/wrist and request for therapy of the right hand/wrist to improve function. Other recommendations include compression gloves, return to clinic for right carpal tunnel injection, trial for Lidoderm for pain and refill of GI upset meds. Progress report dated 5/23/14 notes the patient is postop from left hand surgery. Recommendations are made for passive range of motion, start PT next week and Ibuprofen. Progress report dated 5/16/14 notes that the patient is 2 days postop from left endoscopic carpal tunnel release with tingling in digits 2-4. Motor function of the median nerve is grossly intact. Recommendation is made for bilateral cock-up splints for carpal tunnel syndrome and nocturnal use, as well as physical therapy. Operative report dated 5/14/14 notes endoscopic carpal tunnel release on the left side. Progress report dated 5/5/14 notes that the patient has bilateral hand pain, stiffness and numbness, right shoulder pain and night pain. Examination notes bilateral volar wrist tenderness, positive Tinel's, Phalen's and CCT bilateral wrists. Right shoulder demonstrates decreased range of motion and tenderness and mild impingement. Recommendation is to continue with left wrist surgery, home exercise program for right wrist and shoulder, and wrist wrap on the right. Progress report dated 3/31/14 notes that the patient has bilateral wrist pain, numbness and tingling of the digits, injection to the left carpal tunnel with very good relief/temporary, and residual right shoulder pain with physical therapy beneficial. Medications include flexeril and Ibuprofen as necessary. Examination notes slight pain with dorsiflexion of the right wrist, Phalen's and CCT positive bilaterally, Tinel's negative and volar wrist tender. Recommendation is to request for left carpal tunnel release. Utilization review dated 9/2/14 did not certify the request for 8 physical therapy visits for the bilateral wrists and hands. "There is a significant lack of objective clinical findings of continued sensation in functional deficits to warrant continued physical therapy. Furthermore, the specific number of physical therapy visits completed to date were not provided in the documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 Physical therapy visits for the bilateral wrists and hands:** Upheld

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

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

**Decision rationale:** The patient is a 59 year old female who was documented to have undergone left carpal tunnel release on 5/14/14. She was documented to have undergone 12 physical therapy visits following this procedure. She continues to complain of pain of the left wrist and residual numbness and tingling. Justification for continued physical therapy has not been adequately documented by the requesting surgeon. The degree of improvement from the previous physical therapy has not been adequately documented to warrant further consideration for additional therapy. Significant interval improvement from 6/12/14 to 8/14/14 does not appear to present from the documentation. Post-Surgical Treatment Guidelines Carpal Tunnel Syndrome, page 15-16, are specific with their recommendations following carpal tunnel surgery as follows: Carpal Tunnel Syndrome Recommended as indicated below. 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. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including

surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery, a home therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS (visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments.

Carpal tunnel syndrome (ICD9 354.0):

Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks

\*Postsurgical physical medicine treatment period: 3 months

Postsurgical treatment (open): 3-8 visits over 3-5 weeks

\*Postsurgical physical medicine treatment period: 3 months

At this point, the postsurgical treatment period has been exceeded as well as the number of visits. As stated above, 'Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery.' Based on this one would not expect significant functional deficit to be present after greater than 3 months.

Alternative diagnoses need to be considered including misdiagnosis or failed surgery, which appears to have been considered. Thus, further physical therapy should not be considered medically necessary until this has been further clarified or investigated.

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