

<b>Case Number:</b>	CM14-0163346		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/29/1999
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 48 year old female with a reported date of injury on 4/29/99 who requested 9 physical therapy visits. The patient is noted to have undergone right carpal tunnel release on 7/8/14 and has a current diagnosis of left carpal tunnel syndrome. Progress report dated 9/2/14 notes that the patient has pain of the right wrist and thumb area. Bracing helps when she is active. Grip strength measurements show asymmetrical strength with the right side less than the left side. Part of the subjective and examination is not legible. Plan appears to recommend physical therapy. Progress report dated 7/22/14 notes right carpal tunnel release on 7/8/14 with slight tingling of the right hand. Right hand incision is clean, dry and closed. Left hand has positive Tinel's and Phalen's test with decreased sensation in the thumb, index and middle fingers. Recommendation is made to start physical therapy 3 times per week for 3 weeks. Initial orthopedic examination dated 4/29/14 notes that the patient had failed conservative management including physical therapy of bilateral carpal tunnel syndrome. Recommendation is made for staged carpal tunnel release with post-op physical therapy of 3 to 4 weeks. Utilization review dated 9/10/14 did not certify 9 physical therapy visits but modified to 3 physical therapy visits, as 9 exceeded the guidelines for postoperative carpal tunnel surgery. The patient is reported to have undergone 5 physical therapy visits already.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 Physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) , Online Edition

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

**Decision rationale:** The patient is a 48 year old female with bilateral carpal tunnel syndrome who had undergone right carpal tunnel release on 7/8/14. Following this surgery, a request for 9 physical therapy visits was made. Based on the medical records provided, this request pertains to post-operative physical therapy related to the right-sided surgery. Relevant guidelines from Post-Surgical Treatment Guidelines Carpal tunnel syndrome, page(s) 15-16 are as follows: Physical therapy following carpal tunnel release is 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 (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 The patient is within the postsurgical treatment period of 3 months. The total number of visits set forth in the guidelines is 3-8 visits over 3-5 weeks. The request for 9 visits exceeds this and thus should not be considered medically necessary.