

<b>Case Number:</b>	CM14-0051629		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Orthopaedic 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:

This 39-year-old female sustained an industrial injury on 4/15/13. The mechanism of injury was not documented. The 11/12/13 left upper extremity EMG/NCV showed evidence of an entrapment of the median nerve at the wrist with mild slowing of nerve conduction/velocity (carpal tunnel syndrome). The 3/24/14 treating physician pre-operative report cited complaints of left hand pain and numbness with left thumb triggering. Left wrist exam documented normal range of motion, 4/5 abductor pollicis brevis weakness, and positive Phalen's and Tinel's signs. There was 2-point discrimination greater than 5 mm in the thumb and index fingers. There was tenderness over the left thenar eminence, negative Finkelstein's test, and negative shear and Watson tests. Records indicated that the patient was scheduled to undergo left carpal tunnel release on 3/28/14. The treatment plan recommended proceeding with surgery and adding left thumb trigger release. Post-operative therapy was requested 3x4. Records indicated that the left carpal tunnel release was certified. The 3/31/14 utilization review modified the request for 12 post-op physical therapy visits for the left hand/wrist to 8 visits consistent with post-surgical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 3 times weekly for 4 weeks to the left hand/wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16; 22.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. For trigger finger release, guidelines support 9 visits over 8 weeks. An initial course of therapy would be supported for one-half the general course or 4 to 5 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/31/14 utilization review recommended partial certification of 8 post-op physical therapy visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.