

<b>Case Number:</b>	CM14-0072178		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational Medicine 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 claimant was injured on 09/12/11 the diagnosis is carpal tunnel syndrome and post-operative (physical therapy) PT visits are under review. A request for 12 visits was modified to 10. Right carpal tunnel release and right cubital tunnel release were certified. The mechanism of injury was repetitive activity. Electromyography (EMG) demonstrated mild bilateral carpal tunnel syndrome on 03/18/14. Surgery was approved. The claimant has also been treated for the cervical spine, right elbow, low back, hips, and knees. She has multiple findings. This review only applies to the carpal tunnel and cubital tunnel syndromes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Post-Operative Physical Therapy Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14-15; 10.

**Decision rationale:** The history and documentation do not objectively support the request for 12 visits of postop physical therapy following carpal tunnel and cubital tunnel releases. The MTUS state regarding postsurgical treatment for carpal Tunnel Syndrome, there is limited evidence

demonstrating the effectiveness of physical therapy or occupational therapy (OT) for carpal tunnel syndrome (CTS). 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. The MTUS further state on page 15, Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months. Postsurgical physical medicine treatment period: 6 months. On page 10, the MTUS state that postoperatively, the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. In this case, allowing for two different procedures with different anticipated courses of treatment, one half of the total number of visits recommended by MTUS (20) allows for 10 visits as an initial course of care, followed by a reassessment. There is no evidence of outlier status to support more visits before the reassessment.