

<b>Case Number:</b>	CM14-0090250		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Orthopedic 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 is a 44-year-old female with a date of injury of 6/10/13. The mechanism of injury occurred due to repetitive motion. She is s/p right carpal tunnel release on 4/14/14. Initial physical therapy (PT) began on 5/5/14. On 5/14/14 PT note she had completed 4 of 12 authorized visits. On 5/15/14 she complained of right hand pain and swelling. On exam the right wrist findings included edema and restricted range of motion. The diagnostic impression is bilateral carpal tunnel syndrome. Treatment to date: right carpal tunnel release 4/14/14, physical therapy, medication management. A UR decision dated 6/2/14 denied the request for post-op physical therapy (PT) with Work Hardening. The PT with Work Hardening was denied because after 4 of 12 authorized PT visits she complained of right hand pain and swelling. She was on restricted work duty. Functional improvement followed by a plateaued response to postoperative PT was not seen to warrant a Work Hardening program. The patient's candidacy for further surgery or other treatment options was not stated. The capacities such as current, required, and return-to-work level agreed upon by the employer and employee, were not seen in the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy with Work Hardening 2xWk x 4Wks, Right Hand/Wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125, Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** CA MTUS states 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). Post surgery, a home therapy program is superior to extending splinting. Continued visits should be contingent on documentation of objective improvement greater than 4 on the VAS, and long-term resolution of symptoms. MTUS criteria for work hardening program participation include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; surgery or other treatments would not clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; no more than 2 years past date of injury; treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. However, the patient had completed only 4 of 12 authorized PT visits to date on 5/14/14. On 5/15/14 she complained of hand pain and swelling. No other treatment options or notes were noted in the files submitted. There was very limited information submitted for review. Therefore, the request for Post-operative PT with Work Hardening 2 x wk. x 4 wks. for right hand/wrist was not supported as medically necessary.