

<b>Case Number:</b>	CM15-0016000		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female sustained an industrial injury to the right upper extremity on 2/25/13. Previous treatment included right carpal tunnel release, physical therapy, acupuncture, splints, injections, home exercise and medications. In an office visit dated 1/12/15, the injured worker was six weeks post a right carpal tunnel release and second and third digit A1 pulley excisions. The injured worker was also being treated for concomitant right lateral epicondylitis. The injured worker reported gradual improvement to her symptoms but complained of incisional tenderness. Physical exam was remarkable for well-healed incisions, tenderness to palpation over the carpal tunnel incision and over the lateral epicondyle with full active and passive range of motion. Current diagnoses included right carpal tunnel syndrome, right lateral epicondylitis and right flexor tenosynovitis. The physician noted that he concurred with the therapist who reported that the injured worker had made significant but incomplete progress with therapy. The physician recommended additional 12 sessions of physical therapy and continuing with home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for 12 sessions 3 times a week for 4 weeks for the right wrist, third and fourth finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 22.

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

**Decision rationale:** The records indicate the patient is status post right carpal tunnel release and 2nd and 3rd digit A1 pulley excisions. The patient has ongoing complaints of wrist and finger pain and limitations. The current request is for Physical Therapy for 12 sessions 3 x a week for 4 weeks for the right wrist, third and fourth finger. The CA MTUS postsurgical Guidelines for CTS surgery allow 3-8 visits over 3-5 weeks with a postsurgical physical medicine treatment period of three months. The CA MTUS also states that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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 post surgical physical medicine period. In this case, after reviewing the available medical records I am unable to locate documentation of functional improvement. Because the MTUS Post Surgical Guidelines allow 3-8 visits over 3-5 weeks with a postsurgical physical medicine treatment period of three months, no additional physical therapy is indicated. The available medical records do not establish medical necessity for additional physical medicine at this time. As such, recommendation is for denial and not medically necessary.