

<b>Case Number:</b>	CM15-0161924		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic Surgery

### 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 injured worker is a 37 year old female, who sustained an industrial injury on 12-3-2014. The mechanism of injury was repetitive trauma. The injured worker was diagnosed as having right greater than left carpal tunnel syndrome and right shoulder impingement. Electro diagnostic testing of the bilateral hands-wrists showed median neuropathy. Treatment to date has included therapy and medication management. In a progress note dated 7-21-2015, the injured worker complains of bilateral hand numbness. Physical examination showed full range of motion hands and wrists with mild tenosynovial thickening and positive Tinel's test. The treating physician is requesting Post-op Occupational Therapy two times a week for six weeks for the bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Occupational Therapy two times a week for six weeks for the Bilateral hands:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15, 16.

**Decision rationale:** The patient is a 37 year old female who was certified for bilateral carpal tunnel release. A request had been made for 12 postoperative physical therapy visits. As bilateral carpal tunnel releases were considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: From page 15 and 16, 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 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. 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. From page 10, "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. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and is not medically necessary. Up to 4 visits would be consistent with these guidelines following each surgery.