

<b>Case Number:</b>	CM15-0182367		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 54 year old male who sustained an industrial injury on 06-11-2011. The injured worker was diagnosed as status post full thickness soft tissue injury to the right dorsal lateral fifth metacarpal head; Status post full thickness skin graft to right dorsal lateral right fifth digit metacarpal head; Decreased range of motion of right fifth finger; Right carpal tunnel syndrome (electromyogram 05-10-2013); Situation post left carpal tunnel decompression 04-22-2014; Right upper extremity overuse syndrome; Left upper extremity overuse syndrome; Right DeQuervain's tenosynovitis. Treatment to date has included Carpal tunnel release surgery on 08-04-2015. In the provider notes of 08-13-2015 the injured worker states there is slight improvement of left wrist. He has pain radiating to dorsal area, right 1st, and 2nd digit and numbness post carpal tunnel release surgery on the right wrist on 08-04-2015. He does complain of constant pain that worsens with activity and at night. He complains of bilateral constant elbow pain. Objectively, there are no signs of infection, any cellulitis, any erythema, and mild edema. The treatment plan is for home exercises starting with the 08-13-2015 visit, and physical therapy 2-3 x weekly for six weeks. The worker is on pain medications (Norco) as needed, and is to finish up his antibiotics and return for a visit in one month. A request for authorization was submitted for Initial post-operative physical therapy treatment to the right wrist for 12 to 18 sessions, 2-3 times a week for 6 weeks (18). A utilization review decision 09-01-2015 modified the request to certify 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial post operative physical therapy treatment to the right wrist for 12 to 18 sessions, 2-3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** The claimant sustained a work injury in June 2011 with a laceration to the right hand. He underwent an open right carpal tunnel release with limited flexor tendon tenosynovectomy on 08/04/15. He has a history of a left carpal tunnel release in April 2014. He was seen for postoperative follow-up on 08/30/15. He was having constant right wrist and elbow pain. He had ongoing numbness. Physical examination findings were negative for infection. He was referred for up to 18 sessions of postoperative therapy. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is well in excess of accepted guidelines or what would be expected to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.