

<b>Case Number:</b>	CM15-0191736		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 33 year old male, who sustained an industrial injury on 10-09-2014. A review of the medical records indicates that the worker is undergoing treatment for bilateral carpal tunnel syndrome status post bilateral carpal tunnel release surgeries. Treatment has included Cortisone injections of the wrists, Gabapentin, Lyrica, Percocet, physical and occupational therapy for the bilateral wrists and surgery. The injured worker underwent left carpal tunnel release with tenosynovectomy of the flexor tendons in the palm on 04-22-2015 and underwent right carpal tunnel release with tenosynovectomy of the flexor tendons in the palm on 07-15-2015. During the 07-27-2015 office visit, the worker was noted to be doing well with complaints of mild, appropriate post-operative pain. Objective findings revealed well-healed incisions of the bilateral wrists with negative Tinel's, Phalen's and compression tests and sutures in place on the right with no signs of infection. Sutures were removed during the visit and the physician noted that the worker would continue with therapy and home exercise program for both sides. During the 08-25-2015 office visit, the injured worker was reporting gradual improvement of symptoms. Objective findings showed well-healed carpal tunnel incisions with appropriate tenderness. Documentation shows that the injured worker had undergone 8 out of 8 approved hand therapy visits for the right wrist from 07-27-2015-08-25-2015 and had undergone at least 17 hand therapy visits for the left wrist. Improvements were documented with range of motion, grip and pinching, although the therapist noted that the injured worker had continued stiffness in the bilateral hands and hypersensitivity in the right wrist and would benefit from

continued therapy. A utilization review dated 09-14-2015 non-certified a request for post-operative physical therapy 2x week x 6 weeks to the hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative physical therapy 2x/wk x 6 weeks to the hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy two times per week times six weeks to the hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right and left carpal tunnel release surgeries. Date of injury is October 9, 2014. Request for authorization is September 9, 2015. According to a September 9, 2015 provider appeal, the injured worker is status post left carpal tunnel release April 22, 2015 and right carpal tunnel release July 15, 2015. The injured worker received a physical therapy sessions. Objectively, there is tenderness to palpation over the cubital tunnel with positive Tinel's. The guidelines recommend 3-8 physical therapy sessions over 3-5 weeks. As noted above, the injured worker completed eight physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The treating provider is requesting an additional 12 sessions of physical therapy. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, postoperative physical therapy two times per week times six weeks to the hand is not medically necessary.