

<b>Case Number:</b>	CM15-0194311		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 46-year-old female who sustained an industrial injury on 1/15/10. Injury was reported relative to repetitive computer/office work. The 10/2/14 electrodiagnostic study revealed evidence of bilateral carpal tunnel syndrome. The injured worker underwent right carpal tunnel release and external neurolysis median nerve and subtotal tenosynovectomy on 6/12/15. The 8/19/15 treating physician report indicated that the injured worker was two months post-operative right carpal tunnel release and she had completed 8 post-op physical therapy sessions. She had persistent pain and paresthasias in the left hand median nerve distribution. She also had persistent neck pain, some right shoulder pain, and some elbow pain. Bilateral wrist exam documented tenderness over the bilateral carpometacarpal joints, negative bilateral Tinel's sign, positive left Phalen's and carpal tunnel compression tests, and symmetrical full range of motion of the wrists, thumbs, and fingers. The treatment plan recommended additional physical therapy twice a week for 4 weeks for the right hand to reduce pain, scar desensitization, and improve strength and function. The injured worker had persistent pain and paresthasias in the median nerve distribution on the left. She had nocturnal symptoms and had failed conservative treatment for years. Authorization was requested for left carpal tunnel release, pre-operative medical clearance, 15 post-operative sessions for the left hand, and 8 additional physical therapy sessions for the right hand. The 9/22/15 utilization review certified the requests for left carpal tunnel release and pre-op medical clearance. The request for 8 additional post-op physical therapy sessions for the right hand was non-certified as there was no documented clinical findings that would support the medical necessity of additional therapy, and based on the time elapsed since the right carpal tunnel release, prior authorization of 8 sessions of physical therapy, and the Post-Surgical Treatment Guidelines. The request for 15 sessions of post-op physical therapy for the left hand was modified to 4 post-op sessions consistent with the Post-Surgical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Associated Surgical Service: Additional PT to Right Hand Sessions Qty 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. 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 postsurgical physical medicine period. Guideline criteria have not been met. This injured worker presented 2 months status post right carpal tunnel release with no documentation of any residual pain or symptoms. Range of motion was reported as full and a strength deficit was not documented. Carpal tunnel provocative testing was negative on the right side. There was no specific functional deficit or objective functional treatment goal to support the medical necessity of additional supervised physical therapy over an independent home exercise program and as an exception to guidelines. Therefore, this request is not medically necessary.

### **Post-Op PT Left Hand Sessions Qty 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. 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. Guideline criteria have not been met. This injured worker has been certified for left carpal tunnel release surgery. The 9/22/15 utilization review recommended partial certification of 4 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of the requested care as an exception to guidelines. Therefore, this request is not medically necessary.