

<b>Case Number:</b>	CM15-0206527		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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

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 is a 46-year-old female who sustained a work-related injury on 12-5-09. Medical record documentation on 12-5-09 revealed the injured worker was status post left carpal tunnel release, left medial elbow tendinitis repair and left lateral elbow tendinitis repair on 5-19-15. The injured worker was evaluated post-operatively on 6-15-15 with treatment plan for discontinuation of her post-operative wrist brace and initiation of physical therapy with an emphasis on home exercise program. On 6-29-15, the documentation indicated the injured worker's sutures were removed and she was referred to physical therapy for instructions on home exercise program. She had an initial physical therapy evaluation on 7/22/15. On 7-28-15, the evaluating physician noted the injured worker's left elbow and wrist were improving with therapy and home exercises although he noted the start of her therapy was delayed. She reported pain at the base of the thumb causing her to drop things and intermittent electrical shocks of her wrist. She had decreased numbness along the dorsal surface of the forearm and continued to have pain at the tip of the olecranon. Objective findings included tenderness to palpation medially and laterally over the left elbow and pain with wrist flexion and extension. She had a positive Tinel's sign and tenderness to palpation at the base of the thumb. She was continued on elbow and wrist therapy and home exercise program. A physical therapy noted on 9-3-15 indicated the injured worker's wrist and forearm were feeling better but the forearm was tender to touch. A request for additional post-operative physical therapy for the left hand and wrist was received on 9-29-15. On 10-6-15, the Utilization Review physician determined post-operative physical therapy for the left hand and wrist was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy, Left Hand/ Wrist, 6 sessions:** 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, Elbow & Upper Arm.

**Decision rationale:** Review indicates the patient is s/p CTR and elbow tendinitis surgery on 5/19/15 and has completed at least 12 postop PT. Postsurgical treatment course include recommendation for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period and 12 total PT visits over 12 weeks period for lateral epicondylitis procedure with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient has 12 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period to transition to a home exercise program. The Post-Operative Physical Therapy, Left Hand/ Wrist, 6 sessions is not medically necessary and appropriate.