

<b>Case Number:</b>	CM15-0214104		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 is a 58 year old female, who sustained an industrial injury on 01-07-2009. A review of the medical records indicates that the worker is undergoing treatment for ulnar nerve lesion, carpal tunnel syndrome and after care surgery. Treatment has included pain medication, acupuncture, physical therapy and surgery. The injured worker underwent left carpal tunnel release on 06-16-2015. Subjective complaints on 08-12-2015 included a heavy sensation in the left hand with quick tiring of the left hand when grasping a steering wheel and numbness around the incision. Pain was noted to increase to 6-7 out of 10. The plan of care on 08-12-2015 was acupuncture of the elbows and 12 sessions of physical therapy for the left wrist. Subjective complaints (09-30-2015) included left wrist pain rated as 6 out of 10 at rest and 7-8 out of 10 with certain activities. The worker reported weakness of the arm but less often since starting physical therapy and reported continued numbness around the incision and fingers. Objective findings (08-12-2015 and 09-30-2015) revealed trace swelling and clean incision without signs of infection. The physician noted that additional physical therapy for the left wrist was being requested. It's unclear as to how many physical therapy sessions were authorized and how many had been received to date. There was no evidence of significant pain relief or objective functional improvement with prior therapy visits. A utilization review dated 10-08-2015 modified a request for additional physical therapy to the left wrist, two times a week for six weeks to certification of 2 visits of physical therapy to the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the left wrist, two times a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The claimant sustained a repetitive strain injury with date of injury in January 2009. She underwent a right carpal tunnel release. Electrodiagnostic testing has shown findings of bilateral carpal tunnel and bilateral cubital tunnel syndrome. She underwent an open left carpal tunnel release on 06/16/15. When seen for post-operative follow-up in September 2015 she had been attending physical therapy two times per week. She had no benefit after three acupuncture treatments. She had pain rated at 6-8/10. She felt her left wrist was worse since the previous visit. Physical examination findings included trace swelling. The incision was clean without signs of infection. Norco was prescribed and an additional 12 physical therapy treatments were requested. 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 claimant has already had post-operative physical therapy with a reported worsening of her condition. The number of additional visits requested is in excess of that recommended and is not medically necessary.