

<b>Case Number:</b>	CM15-0221399		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46-year-old female, who sustained an industrial injury on 04-04-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right carpal tunnel syndrome, compression of the right radial nerve, trigger finger of the right hand, and upper extremity pain. Medical records (05-21-2015 to 10-13-2015) indicate ongoing pain, numbness and tingling in the right hand and wrist up to elbow. Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-01-2015, revealed positive Tinel's sign and positive Phalen's test. Relevant treatments have included: right carpal tunnel release (10-25-2015), physical therapy (PT), work restrictions, and medications. The request for authorization (10-13-2015) shows that the following treatment was requested: 18 sessions of post-op PT for the right wrist. The original utilization review (10-16-2015) partially approved the request for 18 sessions of post-op PT for the right wrist, which was modified to 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy-post-op 18 visits (2-3 per week for 6 weeks) right wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Hand (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks". ODG additionally states, "Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments". Guidelines allow for up to 8 PT sessions for carpal tunnel syndrome release. This request is in excess of guideline recommendations. The previous reviewer modified the request to allow for 8 sessions of physical therapy. As such, the request for Physical therapy-post-op 18 visits (2-3 per week for 6 weeks) right wrist is not medically necessary.