

<b>Case Number:</b>	CM15-0221741		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	07/29/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 62 year old female who sustained an industrial injury on 7-29-15. A review of the medical records indicates she is undergoing treatment for moderate to severe right carpal tunnel syndrome with thenar branch involvement, right digital tenosynovitis, right index finger DIP osteoarthritis - severe, and minimal right thumb CMC osteoarthritis. Medical records (8-27-15 and 10-15-15) indicate complaints of right wrist pain and right hand numbness. The physical exam (10-15-15) reveals minimal swelling over the carpal tunnel of the right wrist. Tenderness is noted over the carpal tunnel. Diminished range of motion of the right wrist is noted. Examination of the right hand reveals full range of motion in all digits. No tenderness is noted of the hand. Diagnostic studies have included X-rays of the right wrist and an EMG-NCV study of the right upper extremity. Treatment has included night splinting of the right wrist, acupuncture, a cortisone injection in the carpal tunnel region, and modified work duty. The treatment plan includes an open right carpal tunnel release. The utilization review (11-2-15) includes a request for authorization of post-op physical therapy, 8 sessions, for the right upper limb. The request was modified to a quantity of 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy, 3 times a week times 4 weeks, right upper limb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and 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 Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical/Occupational therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Synovitis and tenosynovitis (ICD9 727.0) recommend: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 14 visits over 12 weeks; 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. Per the medical records submitted for review, the injured worker is being treated for carpal tunnel syndrome. The requested 12 sessions of post-operative physical therapy is in excess of the guideline recommendations. As such, medical necessity cannot be affirmed. Therefore the request is not medically necessary.