

<b>Case Number:</b>	CM15-0039994		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 54 year old male who sustained a work related injury September 15, 2013. While working as a deputy officer, he noticed a gradual onset of pain in his neck, shoulders, hands, left knee and feet. He was treated with physical therapy that he believed to have worsened the symptoms. Past history included myocardial infarction with stent placement September, 2013. According to a primary treating physician's report, dated January 12, 2015, the injured worker presented with persistent symptoms in his wrists with progressive nighttime paresthesia despite the use of bracing, physical therapy, and anti-inflammatory medication. There is constant cervical pain with radiation to the upper extremities, rated 8/10. There is frequent pain in the bilateral shoulders, right greater than left, rated 7/10, which is unchanged. Also present, unchanged bilateral knee pain, rated 5/10. Diagnoses included cervical discopathy; cervicgia; carpal tunnel/double crush syndrome; bilateral shoulder impingement, rule out rotator cuff pathology; rule out left knee internal derangement and bilateral plantar fasciitis. Treatment plan included request for bilateral carpal tunnel release with associated post-operative physical therapy and sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy; twelve (12) sessions (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The patient is a 54 year old male who was certified for bilateral carpal tunnel syndrome. Therefore, post-operative physical therapy should be considered medically necessary based on the guidelines below: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Therefore, 12 visits would exceed the guidelines and thus should not be considered medically necessary.

**Associated surgical service: Purchase of bilateral wrist sling:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 11: Hand, Wrist, and Forearm Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Ulnar Tunnel Syndrome, and Stenosing Tenosynovitis. James H. Calandruccio. Book Chapter, Campbell's Operative Orthopaedics, Chapter 76, 3637-3660.

**Decision rationale:** The patient is a 54 year old male who was certified for bilateral carpal tunnel release. ACOEM and ODG do not specifically address the use of a sling. However, from Campbell's Operative Orthopaedics, the following is stated with respect to postoperative care following carpal tunnel release: 'A light compression dressing and a volar splint may be applied. The hand is actively used as soon as possible after surgery, but the dependent position is avoided.' As a sling can help avoid the dependent position, it should be considered medically necessary.