

<b>Case Number:</b>	CM15-0045042		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for shoulder, hand, wrist, and elbow pain with associated sleep disturbance reportedly associated with an industrial injury of June 12, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; earlier open reduction external fixation of the wrist on June 12, 2014; subsequent removal of the external fixative device on July 20, 2014; and unspecified amounts of postoperative physical therapy. In a Utilization Review Report dated February 24, 2015, the claims administrator partially approved a request for 16 sessions of postoperative physical therapy as 4 sessions of the same. The claims administrator referenced a January 26, 2014 RFA form and associated January 22, 2015 progress note in its determination. The claims administrator invoked the MTUS Postsurgical Treatment Guidelines on carpal tunnel syndrome, it was incidentally noted. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant was placed off of work, on total temporary disability. Second opinion hand surgery consultation was endorsed to ascertain whether or not the applicant had radial nerve palsy. Shoulder arthroscopy was proposed. Norco was renewed. The applicant had apparently developed carpal tunnel syndrome, it was further noted. The applicant was diabetic, it was further noted. Authorization was sought for carpal tunnel release surgery. In addition to having issues with wrist and hand pain, coupled with wrist and hand paresthesias, the applicant also had complaints of shoulder and neck pain. The attending provider seemingly suggested that he was seeking authorization for shoulder subacromial decompression surgery and associated postoperative physical therapy. The attending provider seemingly framed the request for

postoperative physical therapy as a request for postoperative physical therapy following shoulder arthroscopy versus open rotator cuff repair surgery. The attending provider also seemingly suggested that he was also seeking authorization for a carpal tunnel release procedure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**16 Post Operative Physical Therapy Visits for the Right Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 16 sessions of postoperative physical therapy following planned carpal tunnel release surgery was not medically necessary, medically appropriate, or indicated here. The 16-session course of therapy proposed represents treatment well in excess of the 8-session postoperative course recommended in the MTUS Postsurgical Treatment Guidelines following carpal tunnel release surgery, as was planned here. MTUS 9792.24.3.c.4 also notes that applicant should be evaluated every 45 days following continuation of therapy so as to document functional improvement needed to justify continued treatment. Here, thus, the request for 16 sessions of physical therapy following planned carpal tunnel release surgery, thus, runs counter to MTUS principles and parameters as it does not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with such a protracted course of treatment. Therefore, the request is not medically necessary.