Labor Code section 5307.27 requires the Administrative Director to adopt a medical treatment utilization schedule (MTUS) that is “scientific and evidence-based, peer-reviewed, and nationally recognized.” (See, also Lab. Code, § 4604.5(b).) Labor Code section 5307.27 further provides that the MTUS shall address, at a minimum, “the frequency, duration, intensity, and appropriateness of all treatment procedures and modalities commonly performed in workers’ compensation cases.”

Labor Code section 4604.5(d)(1) provides that for injuries occurring on and after January 1, 2004, an injured worker shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. Labor Code section 4604.5(d)(3), as amended by Assembly Bill 1073 (Statute 2007, Chapter 621), creates an exception to the 24 visit cap by providing that the 24 visit limitation does “not apply to visits for postsurgical physical medicine and postsurgical physical medicine services provided in compliance with a postsurgical treatment utilization schedule established by the administrative director pursuant to Section 5307.27.”

The proposed Postsurgical Treatment Guidelines, Section 9792.24.3, et al., creates an exception to the limit of 24 visits for physical therapy, occupational therapy and chiropractic treatment found in Labor Code section 4604.5(d)(1), for postsurgical physical medicine treatment. The proposed guidelines are adapted from the Work Loss Data Institute’s Official Disability Guidelines (ODG) Treatment in Workers’ Comp, with the permission of the ODG’s publisher. (See, correspondence from Work Loss Data Institute, Phil Denniston, President, dated March 13, 2008.) Because the Work Loss Data Institute continuously revises its guidelines, the DWC utilized the last available version while conducting its rulemaking as a basis for the DWC’s postsurgical treatment guidelines (DWC 2008). The ODG Physical Medicine Guidelines version being adapted is dated November 12, 2007(Work Loss Data Institute, Official Disability Guidelines, Treatment in Workers’ Comp-Excerpt from the Chapter Procedures Summaries (ODG Physical Medicine Guidelines), version dated November 12, 2007.). Future updates will be integrated into the MTUS utilizing the formal rulemaking process. The selection of the ODG Physical Medicine Guidelines was based not only on the fact that the ODG guidelines were determined to meet the requirements of the statute (Lab. Code, § 5307.27) by RAND in its publication entitled, Evaluating Medical Treatment Guideline Sets for Injured Workers in California, RAND Institute for Civil Justice and RAND Health, 2005 (2005 RAND Report; see, Table 4, p. 21; Table 4.2, p. 27), but upon a thorough review of their entire Physical Medicine Guidelines by the Division of Workers’ Compensation (DWC), the Medical Evidence Evaluation Advisory Committee (MEEAC), and designated subject matter experts.

The medical evidence evaluation advisory committee (MEEAC), as created by California Code of Regulations, title 8, section 9792.23(a) (8 CCR 9792.23(a)) [now proposed Section 9792.26(a)], evaluated ODG’s Physical Medicine Guidelines and made recommendations to the Administrative Director via the Medical Director pursuant to 8 CCR 9792.23(c)(1)-(c)(3) [now proposed Section 9792.26(c)(1)-(c)(3)].
Because the 2005 RAND Report identified the ODG Guidelines as meeting the requirements of Labor Code section 5307.27, DWC determined that it was not necessary to require the MEEAC to review the ODG’s Physical Medicine Guidelines to determine whether the guidelines were “nationally recognized” and “scientifically and evidence-based.” (8 CCR 9792.23(c)(1) [now proposed Section 9792.26(c)(1)].) For the same reason, DWC determined that it was not necessary to require the MEEAC to review the ODG’s Physical Medicine Guidelines to identify areas which are not “scientifically and evidence-based.” (8 CCR 9792.23(c)(2) [now proposed Section 9792.26(c)(2)].) However, because the postsurgical treatment guidelines are an adaptation of the ODG’s Physical Medicine Guidelines, the MEEAC reviewed the ODG’s Physical Medicine Guidelines and applied the requirements of 8 CCR 9792.23(c)(3) [now proposed Section 9792.26(c)(3)].

In applying the requirements of this section, the MEEAC and designated subject matter experts, conducted a thorough review of ODG’s Physical Medicine Guidelines. The MEEAC noted that ODG’s Physical Medicine Guidelines needed supplementation to include additional surgeries. Evidence-based reviews (EBRs) were conducted on these surgical areas to determine the most appropriate treatments. The EBRs reflected insufficient evidence for or against postsurgical physical medicine in many cases.

“Guidelines built on synthesis of the evidence, but go one step further to provide formal conclusions or recommendations about appropriate and necessary care for specific types of patients.” Crossing the Quality Chasm: A New Health System for the 21st Century/Committee on Quality of Health Care in America, Institute of Medicine, National Academy Press, Washington, D.C., Fifth Printing, June 2004, p. 151.

Therefore, the first step of developing a clinical practice guideline is to do the evidence-based reviews. The second step involves “…reli[ance] on expert panels to arrive at specific clinical conclusions. Judgment must be exercised in this process because the evidence base is sometimes weak or conflicting, or lacking in the specificity needed to develop recommendations useful for making decisions about individual patients in particular settings (Lohr et al., 1998).” Crossing the Quality Chasm, Institute of Medicine, (2001), p. 151.

Thus, the MEEAC made recommendations to develop the guidelines, and the recommendations are included in DWC’s postsurgical treatment guidelines. The postsurgical physical medicine treatment guidelines adapted directly from ODG are labeled “[ODG].” The postsurgical physical medicine treatment guidelines not adapted directly from ODG but recommended by the DWC are labeled “[DWC].”

Further, in making recommendations to the Administrative Director via the Medical Director to supplement the MTUS, the MEEAC is responsible to evaluate the developed guidelines to insure that the guidelines conform to the framework of the MTUS. The MEEAC must further take into consideration Labor Code 4604.5(a), which provides that the MTUS is presumed to be
“correct on the issue of extent and scope of medical treatment” provided to injured employees. Clarity in the guidance of the guidelines facilitates appropriate treatment which is presumed to be correct pursuant to the Labor Code and avoids delayed treatment, thus encouraging prompt recovery and reduced disability.

Moreover, because the postsurgical treatment guidelines constitute an exception to the 24 physical therapy visits per industrial injury pursuant to Labor Code section 4604.5(d)(1), it was necessary for DWC in order to implement, interpret and make specific and carry out the provisions of Labor Code section 4604.5(d)(3) to define a postsurgical physical medicine period. In order to comply with the requirement of the statute, the MEEAC and designated subject matter experts defined the postsurgical physical medicine period for the specified surgeries based on their recommendations. The postsurgical physical medicine period frames the time interval that is needed for postsurgical treatment allowed for the 24-visit cap exception to apply within that period. Upon reaching the end of the time interval, the postsurgical treatment guidelines cease to apply reverting back to the 24-visit cap.

The following list represents the format of the EBRs conducted: (1) Topic Heading, (2) Treatment Guideline, (3) Date of review, (4) Treatment recommendation, (5) Background research, (6) Search criteria (7) Search terms, (8) Findings, (9) Strength of evidence, (10) MEEAC Comments (if any), (11) Evidence lists.

**Individual Medical Treatment Guidelines**

**Ankle & Foot**

**Anterior tibial tendon**

Post-surgical treatment: 8 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
Anterior tibial tendon with surgery
Anterior tibial tendon with surgery and rehabilitation
Anterior tibial tendon with surgery and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** I

**Amputation of foot**

Title 8, California Code of Regulations, section 9792.20 et seq.
Appendix C—Postsurgical Treatment Guidelines (DWC 2008)
(Proposed Regulations—June 2008)
Post-surgical treatment: 48 visits over 26 weeks
Post-Surgical physical medicine treatment period: 12 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
Amputation of Foot
Amputation of Foot and rehabilitation
Amputation of Foot and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine

**Strength of Evidence:** 1

**Dislocation of the peroneal tendons**
Post-surgical treatment: 8 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
Dislocation peroneal tendon(s) with surgery
Dislocation peroneal tendon(s) with surgery
Dislocation peroneal tendon(s) with surgery and therapy
Dislocation peroneal tendons(s) with surgery and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Fracture of toe**

[DWC] Special Consideration: Post-surgical physical medicine is rarely needed for fracture of toe.

**Date of Review:** December 27, 2007

**Search Criteria:** The following search terms were used for the literature search:
Title 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 ET AL.
INITIAL STATEMENT OF REASONS
APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES (DWC 2008)
EVIDENCE-BASED REVIEWS

Search Terms:
Fracture toe rehabilitation
Fracture toe therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

MEEAC Comments: Special Consideration: Post-surgical physical medicine is rarely needed for fracture of toe.

Peroneal tendon repair
Post-surgical treatment: 8 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Peroneal tendon with surgery
Peroneal tendon with surgery and rehabilitation
Peroneal tendon with surgery and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Posterior tibial tendonitis
Post-surgical treatment: 8 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Posterior tibial tendonitis with surgery
Posterior tibial tendonitis with surgery and therapy
Posterior tibial tendonitis with surgery with surgery and therapy
Tarsal tunnel syndrome outcome of surgery in long

Findings: There were no studies on the need for postsurgical physical medicine.
Strength of Evidence: 1

Posterior tibial tenosynovitis (partial or complete rupture) [DWC]
Post-surgical treatment: 8 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Posterior tibial tenosynoistis with surgery
Posterior tibial tenosynovitis with surgery and therapy
Posterior tibial tenosynovitis with surgery and therapy
Tarsal tunnel syndrome outcome of surgery in long

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Burns
(No Evidence Based Reviews Conducted)

Cardiopulmonary [DWC]

Coronary Stenting
Post-surgical treatment: 36 visits over 18 weeks
Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 17, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Coronary Stenting
Coronary Stenting and Rehabilitation
Coronary stenting and therapy
Stenting and rehabilitation
Stenting and therapy

Findings: There were no studies on the need for postsurgical physical medicine.
Strength of Evidence:  I

Heart Valve repair/replacement
Post-surgical treatment: 36 visits over 18 weeks
Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 17, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Heart valve repair
Heart valve repair and therapy
Heart valve repair and rehabilitation
Heart valve replacement
Heart valve replacement and rehabilitation
Heart valve replacement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence:  I

Percutaneous transluminal coronary angioplasty (PTCA)
Post-surgical treatment: 36 visits over 18 weeks
Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 17, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Percutaneous transluminal coronary angioplasty and rehabilitation
Percutaneous transluminal coronary angioplasty and therapy
Percutaneous transluminal coronary angioplasty and physical therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence:  I

Carpal Tunnel Syndrome
(No Evidence Based Reviews Conducted)

Elbow & Upper Arm
Amputation of arm, above the elbow
Post-surgical treatment: without complications, no prosthesis: 18 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months
Post-surgical treatment: without complications, with prosthesis: 30 visits over 6 months
Post-Surgical physical medicine treatment period: 9 months
Post-surgical treatment: with complications, no prosthesis: 30 visits over 5 months
Post-Surgical physical medicine treatment period: 7 months
Post-surgical treatment: with complications and prosthesis: 40 visits over 8 months
Post-Surgical physical medicine treatment period: 12 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Amputation of arm above elbow
Amputation of arm above elbow and rehabilitation
Amputation of arm above elbow and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Cubital tunnel release
Post-surgical treatment: 20 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Cubital tunnel release
Cubital tunnel release and rehabilitation
Cubital tunnel release and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

ECRB/ECRL debridement
Post-surgical treatment: 10 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months
Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Extensor carpi radialis brevis
Extensor carpi radialis brevis and rehabilitation
Extensor carpi radialis brevis debridement
Extensor carpi radialis brevis debridement and rehabilitation
Extensor carpi radialis brevis tenotomy
Extensor carpi radialis longus
Extensor carpi radialis longus and rehabilitation
Extensor carpi radialis longus repair
Extensor carpi radialis brevis tenotomy and therapy
Extensor carpi radialis brevis debridement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

ECRB/ ECCRL tenotomy
Post-surgical treatment: 10 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Extensor carpi radialis brevis
Extensor carpi radialis brevis and rehabilitation
Extensor carpi radialis brevis debridement
Extensor carpi radialis brevis debridement and rehabilitation
Extensor carpi radialis brevis tenotomy
Extensor carpi radialis longus
Extensor carpi radialis longus and rehabilitation
Extensor carpi radialis longus repair
Extensor carpi radialis brevis tenotomy and therapy
Extensor carpi radialis brevis debridement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.
Strength of Evidence: I

Elbow diagnostic arthroscopy and arthroscopic debridement
Post-surgical treatment: 20 visits over 2 months
Post-Surgical physical medicine treatment period: 4 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Elbow arthroscopic debridement
Elbow arthroscopic debridement and rehabilitation
Elbow diagnostic arthroscopy
Elbow diagnostic arthroscopy and arthroscopic debridement
Elbow diagnostic arthroscopy and arthroscopic debridement
Elbow diagnostic arthroscopy and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Elbow collateral ligament repair
Post-surgical treatment: 14 visits over 6 months
Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Elbow collateral ligament and rehabilitation
Elbow collateral ligament and repair
Elbow collateral ligament repair and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Muscle or tendon transfers for elbow flexion
Post-surgical treatment: 30 visits over 5 months
Post-Surgical physical medicine treatment period: 8 months
Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Muscle or tendon transfers for elbow flexion
Muscle transfers for elbow flexion and rehabilitation
Muscle or tendon transfers for elbow flexion and rehabilitation
Tendon transfers for elbow flexion
Muscle transfers for elbow flexion
Tendon transfers for elbow flexion and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Triceps repair
Post-surgical treatment: 24 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 9, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Triceps Repair and Rehabilitation
Triceps Repair
Triceps Repair and Therapy
Triceps Surgery and Therapy
Triceps Surgery
Triceps Surgery and Rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Forearm, Wrist, & Hand

Amputation of arm, below the elbow
Post-surgical treatment: without complications, no prosthesis: 18 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months
Post-surgical treatment: without complications, with prosthesis: 30 visits over 6 months
Post-Surgical physical medicine treatment period: 9 months
Title 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 ET AL.
INITIAL STATEMENT OF REASONS
APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES (DWC 2008)
EVIDENCE-BASED REVIEWS

Post-surgical treatment: with complications, no prosthesis: 30 visits over 5 months
Post-Surgical physical medicine treatment period: 7 months
Post-surgical treatment: with complications and prosthesis: 40 visits over 8 months
Post-Surgical physical medicine treatment period: 12 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
- Amputation of arm below elbow
- Amputation of arm below elbow and rehabilitation
- Amputation of arm below elbow and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** I

**Amputation of hand:**
Post-surgical treatment: without complications, no prosthesis: 18 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months
Post-surgical treatment: with complications, no prosthesis: 24 visits over 5 months
Post-Surgical physical medicine treatment period: 7 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
- Amputation of hand
- Amputation of hand and rehabilitation
- Amputation of hand and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** I

**Amputation of thumb; finger**
Post-surgical treatment: Amputation of fingers without replantation: 14 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months
Post-surgical treatment: Amputation of thumb without replantation: 16 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months
Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Amputation of finger
- Amputation of finger and rehabilitation
- Amputation of finger and therapy
- Amputation of finger without replantation
- Amputation of finger without replantation and rehabilitation
- Amputation of thumb
- Amputation of thumb and rehabilitation
- Amputation of thumb and therapy
- Amputation of thumb without replantation
- Amputation of thumb without replantation and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Digital nerve repair
Post-surgical treatment: 8 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Digital nerve repair
- Digital nerve repair and rehabilitation
- Digital nerve repair and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

DIP joint intraarticular fracture at middle or distal phalanx
Post-surgical treatment: 14 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008
Search Criteria: The following search terms were used for the literature search:

Search Terms:
Distal interphalangeal fracture
Distal interphalangeal fracture and therapy
Distal interphalangeal fracture and rehabilitation
Treatment of distal interphalangeal fracture

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Extensor tendon repair or tenolysis
Post-surgical treatment: 18 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Finger extensor tendon tenolysis
Finger extensor tendon tenolysis and rehabilitation
Thumb extensor tendon repair and therapy
Thumb extensor tendon tenolysis and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Extensor tenosynovectomy
Post-surgical treatment: 14 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 11, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Extensor and Rehabilitation
Extensor and Therapy
Extensor Tenosynovectomy
Extensor Tenosynovectomy and Rehabilitation
Extensor Tenosynovectomy and Therapy
Tenosynovectomy
Tenosynovectomy and Rehabilitation
Tenosynovectomy and Therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Flexor tendon repair or tenolysis Zone 2 and other than Zone 2**
Post-surgical treatment: Flexor tendon repair or tenolysis Zone 2: 30 visits over 6 months
Post-Surgical physical medicine treatment period: 8 months
Post-surgical treatment: Other than Zone 2: 20 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
- Finger flexor tendon reconstruction and therapy
- Finger flexor tendon repair
- Finger flexor tendon repair and rehabilitation
- Finger flexor tendon repair and therapy
- Finger flexor tendon tenolysis
- Finger flexor tendon tenolysis and rehabilitation
- Finger flexor tendon tenolysis and therapy
- Thumb flexor tendon reconstruction and therapy
- Thumb flexor tendon repair and therapy
- Thumb flexor tendon tenolysis

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Flexor tenosynovectomy**
Post-surgical treatment: 14 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

**Date of Review:** March 11, 2008

**Search Criteria:** The following search terms were used for the literature search:
INITIAL STATEMENT OF REASONS
APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES (DWC 2008)
EVIDENCE-BASED REVIEWS

Search Terms:
Flexor and Rehabilitation
Flexor and Therapy
Flexor Tenosynovectomy
Flexor Tenosynovectomy and Rehabilitation
Flexor Tenosynovectomy and Therapy
Tenosynovectomy
Tenosynovectomy and Rehabilitation
Tenosynovectomy and Therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Flexor tendon repair (forearm)
Post-surgical treatment: 12 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Flexor tendon
Flexor tendon and repair
Flexor tendon and rehabilitation
Forearm level flexor tendon
Forearm level flexor tendon and repair
Forearm level flexor tendon and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Ganglion and cyst of synovium, tendon, and bursa

[DWC] Special Consideration: Post-surgical physical medicine is rarely needed for ganglionectomy.

Date of Review: December 27, 2007

Search Criteria: The following search terms were used for the literature search:
Search Terms:
ganglion bursa therapy hand
rehabilitation hand ganglion
ganglion tendon therapy hand
ganglion synovium therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

MEEAC Comment: Post-surgical physical medicine is rarely needed for ganglionectomy.

Intersection syndrome
Post-surgical treatment: 9 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Intersection syndrome and rehabilitation
Intersection syndrome and therapy
Intersection syndrome and surgery and therapy
Intersection syndrome and surgery and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Median Nerve Repair: Forearm – Wrist
Post-surgical treatment: 20 visits over 6 weeks
Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 6, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Median Nerve Repair
Median Nerve Repair and Rehabilitation
Median Nerve Repair and Therapy
Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

**PIP and MCP capsulotomy/capsulectomy**
Post-surgical treatment: 24 visits over 2 months
Post-Surgical physical medicine treatment period: 4 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Proximal interphalangeal capsulotomy
Proximal interphalangeal capsulectomy
Proximal interphalangeal capsulotomy and Rehabilitation
Proximal interphalangeal capsulectomy and Rehabilitation
Proximal interphalangeal capsulotomy and Therapy
Proximal interphalangeal capsulectomy and Therapy
Metacarpal capsulotomy and Therapy
Metacarpal capsulectomy and Therapy
Metacarpal capsulotomy and Rehabilitation
Metacarpal capsulectomy and Rehabilitation
Metacarpal capsulotomy
Metacarpal capsulectomy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

**PIP and MCP collateral ligament reconstruction**
Post-surgical treatment: 18 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Finger collateral ligament reconstruction
Finger collateral ligament reconstruction and rehabilitation
Collateral ligament reconstruction thumb and therapy
Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

**PIP and MCP collateral ligament repairs**
Post-surgical treatment: 12 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Collateral ligament repair fingers and therapy
- Collateral ligament repair thumb and therapy
- Finger collateral ligament repairs

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

**PIP joint intraarticular fracture and or dislocation at proximal or middle phalanx**
Post-surgical treatment: Post-surgical treatment: 20 visits over 6 months
Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Functional treatment of basal joint fractures of
- Joint intraarticular fracture repair
- PIP joint intraarticular dislocation and therapy
- PIP joint intraarticular fracture and therapy
- Proximal interphalangeal procedure dislocation
- Proximal interphalangeal procedure dislocation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

**Proximal row carpectomy**

Title 8, California Code of Regulations, section 9792.20 et seq.
Appendix C—Postsurgical Treatment Guidelines (DWC 2008)
(Proposed Regulations—June 2008)
Post-surgical treatment: 20 visits over 6 months
Post-Surgical physical medicine treatment period: 8 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
- Proximal row carpectomy
- Proximal row carpectomy and rehabilitation
- Proximal row carpectomy and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Radial Nerve Repair: Elbow – Wrist**
Post-surgical treatment: 20 visits over 6 weeks
Post-Surgical physical medicine treatment period: 8 months

**Date of Review:** March 6, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
- Radial Nerve Repair
- Radial Nerve Repair and Rehabilitation
- Radial Nerve Repair and Therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Tendon transfer forearm, wrist or hand**
Post-surgical treatment: 14 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

**Date of Review:** January 3, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
- Tendon transfer forearm
Tendon transfer forearm and rehabilitation
Tendon transfer forearm and therapy
Tendon transfer hand
Tendon transfer hand and rehabilitation
Tendon transfer hand and therapy
Tendon transfer wrist
Tendon transfer wrist and rehabilitation
Tendon transfer wrist and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Tendon transfers - thumb or finger
Post-surgical treatment: 26 visits over 4 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Tendon transfer finger
Tendon transfers finger and rehabilitation
Tendon transfers thumb
Tendon transfers thumb and rehabilitation
Tendon transfer thumb and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

TFCC injuries-debridement (arthroscopic)
Post-surgical treatment: 10 visits over 10 weeks
Post-Surgical physical medicine treatment period: 4 months

Date of Review: January 3, 2008

Reason for evidence review: The MEEAC advised that this subject should be included in the guideline.

Search Criteria: The following search terms were used for the literature search:
Search Terms:
Triangular fibrocartilage complex arthroscopy
Triangular fibrocartilage complex arthroscopy and rehabilitation
Triangular fibrocartilage complex arthroscopy and therapy
Triangular fibrocartilage complex debridement
Triangular fibrocartilage complex debridement and rehabilitation
Triangular fibrocartilage complex debridgement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Wrist - intercarpal ligament reconstruction or repair
Post-surgical treatment 20 visits over 6 months
Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
Collateral ligament reconstruction of the metacarpal
Intercarpal ligament reconstruction
Intercarpal ligament reconstruction and therapy
Intercarpal ligament repair and therapy
Intercarpal ligament reconstruction and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: 1

Head
(No Evidence Based Reviews Conducted)

Hernia
(No Evidence Based Reviews Conducted)

Hip, Pelvis and Thigh (femur)

Arthrodesis
Post-surgical treatment: 22 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months
Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Hip arthrodesis
- Hip arthrodesis and rehabilitation
- Hip arthrodesis and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Synovectomy
Post-surgical treatment: 14 visits over 3 months
Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Hip synovectomy
- Hip synovectomy and rehabilitation
- Synovectomy hip and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Knee

Amputation of leg
Post-surgical treatment: 48 visits over 6 months
Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:
- Amputation of leg
- Amputation of leg and rehabilitation
Amputation of leg and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Manipulation under Anesthesia (knee)**  
Post-surgical treatment: 20 visits over 4 months  
Post-Surgical physical medicine treatment period: 6 months  

**Date of Review:** February 6, 2008

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**  
Knee manipulation under anesthesia and rehabilitation  
Knee manipulation under anesthesia and therapy  
Knee manipulation under anesthesia  
Knee manipulation under anesthesia and surgery  
Knee manipulation under anesthesia and surgery and therapy  
Knee manipulation under anesthesia and surgery and rehabilitation

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** 1

**Low Back**

**Artificial Disc**  
Post-surgical treatment: 18 visits over 4 months  
Post-Surgical physical medicine treatment period: 6 months  

**Date of Review:** December 27, 2007

**Background Research:**  
The study: A Prospective, Randomized, Multicenter Food and Drug Administration Investigational Device Exemptions Study of Lumbar Total Disc Replacement With the CHARITÉ™ Artificial Disc Versus Lumbar Fusion Part I: Evaluation of Clinical Outcomes (Scott Blumenthal, MD) was reviewed. It does not mention a specific rehabilitation method other than: “Patients in both groups were required to wear a thoracolumbar spinal orthosis brace for a period of 6 weeks following surgery. Patients in both groups were advanced with activities as tolerated per a standardized rehabilitation protocol.” Other articles were reviewed...

**Search Criteria:** The following search terms were used for the literature search:

**Search Terms:**
Artificial disc and rehabilitation
Artificial disc and therapy

**Findings:** There were no studies on the need for postsurgical physical medicine.

**Strength of Evidence:** I

**Neck & Upper Back**
(No Evidence Based Reviews Conducted)

**Shoulder**
(No Evidence Based Reviews Conducted)