

<b>Case Number:</b>	CM14-0122311		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 26-year-old right-handed male who sustained work-related injuries on January 16, 2013 from a fall wherein he landed on both hands. He is diagnosed with status post right carpal tunnel release dated December 18, 2013. As per progress report dated January 30, 2014, the injured worker reported continued improvement following surgery. During this period, it was noted that although he was doing well with therapy, he still demonstrated substantial deficits with 60% residual strength loss. Additional therapy twice a week for three weeks was requested to address residual weakness. This request was authorized per progress report dated February 18, 2014 and the injured worker noted improving right hand paresthesias. Physical therapy noted dated March 11, 2014 indicated the injured worker has attended 5 sessions of post-operative therapy and had 50% improved since her first visit on February 26, 2014. On March 21, 2014, the injured worker reported improved tolerance to gripping and using hands when performing activities of daily living. He was instructed to complete his remaining physical therapy sessions and an additional 8 sessions of post-operative physical therapy was requested. On April 18, 2014, the injured worker reported that his intermittent right hand paresthesias have decreased in frequency and severity due to recent sessions of post-operative physical therapy with increased tolerance to grasping, driving, cooking and using hand tools. Additional six sessions of post-operative physical therapy was requested. A qualified medical evaluation report dated June 3, 2014 noted complaints of pain in the heel of the hand and the base of the thenar eminence when he pushes or uses his hand. He no longer experiences numbness and tingling. As per report, the injured worker recently completed "approximately 9 sessions of occupational therapy" and utilizes a Thera-Band and putty for home use. Physical exam findings showed very minimal restriction of ranges of motion in all planes, measurable right forearm atrophy, full

finger motion, tenderness about the base of the thenar and hypothenar eminence, and a well-healed approximate one-half inch transverse carpal tunnel release incision in the proximal palm.

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

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

**Post-op Physical Therapy 2 x week x 4 weeks right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines, Carpal Tunnel Syndrome Page(s): 98-99, 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine Treatment

**Decision rationale:** The California Medical Treatment Utilization Schedule's postsurgical rehabilitative guidelines indicate that for post-operative therapy following carpal tunnel release, benefits need to be documented after the first week, and prolonged therapy visits are not supported. The referenced guidelines recommend 3 to 8 visits over a period of 3 to 5 weeks following carpal tunnel release with fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed plus active self-directed home physical therapy medicine. Based from the medical records received for review, the injured worker has received an initial course of post-operative physical therapy immediately following right hand surgery; however, the duration of this initial course is unclear in the medical records. Additional six sessions was authorized and completed to address the injured worker's residual right hand weakness, from which he derived 50% improvement from residual symptoms. According to the qualified medical evaluation report dated June 3, 2014, the injured worker has also been recently provided "approximately 9 sessions of occupational therapy." The request is for additional 8 sessions of post-operative physical therapy for the right hand which exceeds the guideline recommendations. There is no mention of contraindications in the medical records provided that explains why the injured worker cannot be transitioned to an independent program considering the amount of post-operative therapy sessions rendered thus far. The guidelines and medical records provided do not support the necessity of additional 8 post-operative therapy visits to achieve treatment goals. Therefore, it can be concluded that the medical necessity of the requested post-op physical therapy twice a week for 4 weeks on the right hand is not medically necessary.