

<b>Case Number:</b>	CM14-0141102		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Pain Medicine 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 49-year-old male who reported an injury on 05/10/2013. The mechanism of injury was a fall. The injured worker's diagnoses included bilateral carpal tunnel. The injured worker's past treatments included physical therapy, splinting and medication. The injured worker's diagnostic testing included an EMG performed on 10/02/2013, which was noted to reveal peripheral neuropathy of the left ulnar motor and sensory nerves, and left moderate and right severe carpal tunnel syndrome. The injured worker's surgical history included surgery of his left hand on 05/22/2013. On 03/18/2014, the injured worker was noted with a positive right and left Tinel's sign, positive right and left Phalen's sign, and a 2 point discrimination was greater than 6 mm to right and left thumb and index fingers, and positive compression test over the median nerve. The injured worker's medications were noted as tramadol 50 mg, naproxen 550 mg, and Prilosec 20 mg. The request was for 12-18 Post operative physical therapy visits, two to three times a week for six weeks for the left wrist. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12-18 Post operative physical therapy visits, two to three times a week for for six weeks for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wrist (PT) Carpal Tunnel Release.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The request for 12-18 Post operative physical therapy visits, two to three times a week for six weeks for the left wrist is not medically necessary. The Postsurgical Treatment Guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy should be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished out of completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In cases where no functional improvement is demonstrated, postsurgical treatment should be discontinued at any time during the postsurgical physical medicine period. There is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Postsurgical treatment for carpal tunnel syndrome is up to 8 visits over 3 to 5 weeks, and the postsurgical physical medicine treatment period is 3 months. The injured worker was documented to have begun physical therapy sessions. However, it was not specified the number of visits that have been completed at this time. The injured worker was noted to have failed conservative treatment, including activity modification, for greater than 6 months, application of nocturnal volar wrist splints for greater than 3 months, anti-inflammatories, and home exercises and formal physical therapy, however there was not sufficient documentation to support it. The documentation did not provide sufficient evidence of significant objective functional improvements or decrease in pain. In the absence of documentation with sufficient evidence of significant objective functional improvements and decrease in pain, and the number of physical therapy visits completed, the request is not supported at this time. Additionally, 18 visits of postoperative therapy is excessive. Therefore, the request is not medically necessary.