

<b>Case Number:</b>	CM14-0148899		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/23/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 & 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:

Patient is a 53-year-old female who has submitted a claim for Carpal tunnel syndrome, bilateral, status post right carpal tunnel release (01/28/13), status post left carpal tunnel release (undated) associated with an industrial injury date of 07/23/08. Medical records from May to July 2014 were reviewed. Patient apparently sustained a cumulative injury while working in her capacity as a clerk typist. She was diagnosed with carpal tunnel syndrome and subsequently had a carpal tunnel release surgery. Three physical therapy visits after the surgery was noted to have aggravated her pain. She was also on Vicodin as needed for pain. No noted side effects. 07/21/14 progress notes indicate that patient reports good relief of painful symptoms of the right upper extremity at the area around the elbow, radiating to the shoulder. There was noted improvement in patient's pain and functional capacity, with reduction in pain from a constant 2-5/10 to 0-3/10. On physical examination, there was minimal tenderness in the cervical spine with normal ROM, minimal tenderness over the lateral epicondyle of the right elbow with some tenderness over the anterior and posterior aspects of the right shoulder with DTR of the upper extremity at +1. Motor examination of the right upper extremity was at 4/5, no sensory deficits were noted. Plan was to continue physical therapy for strengthening exercises and medications as needed. Of note that patient had completed a total of 24 physical medicine visits, however, documentation of these visits post-operatively and subsequently were not included in the records submitted for review. Treatment to date has included surgery, 24 sessions of physical therapy and medications (Vicodin since at least 06/21/14). Utilization review date of 08/18/14 denied the request for additional physical therapy visits because documentations provided did not show significant residual deficits that would support the necessity of continued care for progress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy to the right upper extremity for 6 to 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck & Upper Back Procedure Summary (Last Updated 08/04/14), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome section, physical medicine treatment

**Decision rationale:** As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Also, according to the Official Disability Guidelines, 3 to 5 PT visits over 4 weeks after surgery, up to the maximums of 3-8 visits over 3-5 weeks (endoscopic) and 3-8 visits over 3-5 weeks (open) are recommended. In this case, patient had CTS release on 01/28/14 for the right, and undated for the left. Patient had 3 post-operative visits which were noted to have aggravated her pain symptoms. Patient then had another 24 physical medicine visits subsequently, however, documentation of commencement and frequency of visits for these 24 sessions were not included in the records for review. Patient has already reached the maximum number of PT recommended for CTS post-surgery. Likewise, PT for CTS is not recommended for long term, especially after a carpal tunnel release surgery because of its no documented effectiveness. There was already a noted improvement in patient's pain and functional capacity, with reduction in pain from a constant 2-5/10 to 0-3/10. Also, there was no mention of other treatment modalities advised to the patient in addition to PT, like home strengthening exercises and lifestyle changes. The evidence does not support continued physical medicine visits beyond what patient had already completed. It is unclear why patient cannot transition into a self-directed home exercise program to address residual deficits. Therefore, the request for continued physical therapy to the right upper extremity for 6 to 12 sessions is not medically necessary.