

<b>Case Number:</b>	CM14-0155817		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Orthopedic Surgery 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 claimant is a 57-year-old female who injured her hand in a work-related trip and fall on 11/28/13. The medical records provided for review included the 06/18/14 progress report describing continued right hand pain and numbness and that the claimant had failed a course of conservative care including bracing and physical therapy. It was documented that electrodiagnostic studies showed severe right median nerve compression at the wrist. Based on failed conservative care, the 08/15/14 progress report recommended right wrist carpal tunnel release. There is a current request in direct relationship to the claimant's carpal tunnel surgery for twelve sessions of postoperative physical therapy and custom splinting in the postoperative setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for twelve sessions of postoperative physical therapy is not recommended as medically

necessary. The Postsurgical Guidelines recommend three to eight sessions of physical therapy over a 3-5 week period of time following carpal tunnel release procedure. The request for twelve sessions of physical therapy exceeds the Postsurgical Guidelines and cannot be recommended as medically necessary.

**Custom orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome: Splinting

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for postoperative custom splinting cannot be recommended as medically necessary following carpal tunnel release. Official Disability Guidelines presently do not recommend postoperative immobilization. Rather, it recommends progressive increase in activities. In the postoperative setting following carpal tunnel release, the role of custom orthosis would not be supported as medically necessary.