

<b>Case Number:</b>	CM14-0180373		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Management, has a subspecialty in Interventional Spine 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 patient is a 37 year old female with an injury date of 12/15/09. The 10/14/14 report by [REDACTED] states that the patient presents with left arm pain status post Carpal Tunnel Release and "CuTR" surgery 09/03/14. Pain is now reported worse on the right arm than the left. The patient also presents with anxiety and depression. She is not working for 6 weeks. Examination shows left wrist range of motion is mildly restricted with light stroke sensory testing decreased in the thumb. Right elbow examination reveals tenderness in the cubital tunnel is positive elbow flexion and Tinel's tests. Cervical examination shows paracervical tenderness. The patient's diagnoses include: Lesion of ulnar nerve, Carpal tunnel syndrome, Joint pain-hand. The utilization review being challenged is dated 10/23/14. The rationale is that the request was modified to 10 visits to allow for documentation of benefits after the first week. Reports were provided from 05/13/14 to 10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve post-operative physical therapy visits two times a week for six weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ulnar nerve entrapment/Cubital tunnel syndrome , Carpal tunnel syndrome Page(s): 15.

**Decision rationale:** MTUS for page 15 Ulnar nerve entrapment/Cubital tunnel syndrome allows postsurgical treatment of 20 visits over 10 weeks. MTUS page 15 Carpal tunnel syndrome allows 3-8 visits over 3-5 weeks. It appears from the reports provided the patient has already started post-surgical physical therapy for the left Cubital and Carpal tunnel release and this 10/14/14 request is for requested Carpal and Cubital Tunnel Release on the right. On 10/14/14 the treating physician states the patient has functional limitations in her ADLs and is dropping things at home, is right hand dominant, but must rely on the newly released left arm to accomplish ADLs. The treating physician further states she has positive exam findings for right Carpal and Cubital Tunnel release including positive Tinel's, Durkins and Phalen's tests. The patient has failed physical therapy and splinting. In this case, the reports appear to show the patient will have right Carpal and Cubital Tunnel release. The requested 12 visits over 6 weeks are within what is allowed by MTUS for post-surgical Cubital tunnel physical therapy. The request is medically necessary and appropriate.