

<b>Case Number:</b>	CM14-0070068		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of May 14, 2012. A utilization review determination dated May 1, 2014 recommends non-certification of "physical medicine procedure." A progress report dated April 11, 2014 identifies subjective complaints of right elbow pain with numbness and tingling in the left hand which wakes her up at night. She is holding off on proceeding with surgical intervention until she feels strong enough on her right side. She has undergone bracing, anti-inflammatory medication, and physical therapy. Physical examination reveals tenderness around both elbows with positive Phalen's and Tinel's of the left wrist with tenderness over the carpal tunnel and decreased sensation in the radial 3 digits. Diagnoses include right-hand carpal tunnel syndrome status post release, left-hand carpal tunnel syndrome, cervical spine osteophyte, bilateral elbow medial epicondylitis, bilateral shoulder mild impingement, and history of depression. The treatment plan recommends left wrist carpal tunnel release, pre-op evaluation by internal medicine, and postoperative physical therapy. Additionally, an ice machine should be preauthorized as well as postoperative pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of post-op physical therapy 2 x 6, left wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for Twelve (12) sessions of post-op physical therapy 2 x 6, left wrist, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 3-8 post operative surgical therapy visits following endoscopic or open carpal tunnel release. Within the documentation available for review, it appears 12 postoperative therapy sessions are being sought. Unfortunately, this exceeds the maximum number recommended by guidelines for this diagnosis, and there is no provision to modify the current request. As such, the currently requested postoperative physical therapy is not medically necessary.