

<b>Case Number:</b>	CM14-0216388		
<b>Date Assigned:</b>	12/29/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male injured worker suffered an industrial injury on 10/20/2011. It was a repetitive motion injury to the left wrist occurred while loading and unloading wheelchair passengers. Past failed conservative treatments were medications, physical therapy and chiropractic therapy. The diagnosis was left carpal tunnel syndrome confirmed with EMG on 9/25/2014. On 10/23/2014 the injured worker had carpal tunnel release surgery to the left wrist followed by post-operative physical therapy of 3 sessions starting on 11/24/2014. The initial request was for physical therapy 2 x 8. The physical therapist note of 11/24/2014 indicated the injured worker continued to have significant pain and inflammation with restricted range of motion. The UR decision on 12/16/2014 modified the request of physical therapy to 2X3 as the injured worker continued to require skilled intervention necessary to maximize rehabilitation potential.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left wrist 2x8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Chronic Pain, Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 15, 16.

**Decision rationale:** The member underwent carpal tunnel release surgery and completed 3 postop sessions of PT. He reported later suffering from persistent significant pain and functional limitation. The provider requested a total of 16 extra sessions of PT. The post surgical treatment guidelines for carpal tunnel surgery report that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery and prolonged therapy visits are not supported. Carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Postsurgical treatment (endoscopic and open) can be supported for 3-8 visits over 3-5 weeks. A suggested 3 month time limit should cover the postsurgical physical medicine treatment period. The benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT. The other concern is that this may in fact reveal a failure of the procedure or that the actual cause of the problem was not carpal tunnel. A double crush had been proposed for this member based on radiologic and EMG evidence for the C 7 nerve root. Assuming persistence or a flare the recommendation by the UR to limit PT to 2X3 further sessions is completely in compliance with the recommendations. Failure to improve would be a signal to look for other issues. The UR partial certification is supported. The request is not medically necessary.