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| <b>Case Number:</b>   | CM15-0018207 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 04/09/2013 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 12/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 23-year-old man sustained an industrial injury on 4/9/2013. The mechanism of injury is not detailed. Current diagnoses include L5-S1 disc herniation with left S1 radiculopathy, left foot plantar fasciitis, bilateral carpal tunnel syndrome, bilateral trigger thumb, and burning to both eyes. Treatment has included oral medications, physical therapy, acupuncture, bracing, and activity modification. Physician notes on a PR-2 dated 12/8/2014 show low back pain, left leg pain, bilateral hand pain, bilateral thumb locking, and burning in the eyes. Recommendations include ophthalmologist consultation, epidural steroid injection to the lumbar spine, surgical intervention, pre-operative clearance, and post-operative rehabilitation. On 12/29/2014, Utilization Review evaluated a prescription for 12 sessions of post-operative physical therapy for the left hand, that was submitted on 1/22/2015. The UR physician noted that since the requested surgery was non-certified, the post-operative physical therapy was as well. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of post-operative physical therapy of the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 22.

**Decision rationale:** The patient is a 23-year-old male with signs and symptoms of left carpal tunnel syndrome that had failed conservative management. The request for left carpal tunnel release was not certified and thus, post-operative physical therapy should not be considered medically necessary. In addition, 12 post-operative physical therapy visits of the hand would exceed the guidelines as noted below. One-half the number of maximum allowed visits is considered medically necessary for the initial period. Based on the guidelines, that would be 4 visits for carpal tunnel syndrome and 5 visits for the trigger finger. Not meant to be purely additive, but the requested amount would still exceed this. Carpal Tunnel Syndrome: Recommended as indicated below. 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, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months.