

<b>Case Number:</b>	CM15-0174563		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 injured worker is a 49 year old female, who sustained an industrial injury on 10-2-09. The injured worker was diagnosed as having carpal tunnel syndrome, unspecified upper limb. Treatment to date has included status post right carpal tunnel release, arthroscopy, synovectomy and right ECU reconstruction surgery (3-10-10); status post right thumb trigger finger release (9-17-14); status post re-do right wrist carpal tunnel release (2-9-15); physical therapy; medications. Currently, the PR-2 notes dated 8-20-15 indicated the injured worker came to the office for a follow-up evaluation. She reports that there is no light or modified duty available for her work duties. The injured worker has a surgical history of status post right carpal tunnel release, arthroscopy, synovectomy and right ECU reconstruction surgery (3-10-10); status post right thumb trigger finger release (9-17-14); and most recent-status post re-do right wrist carpal tunnel release of 2-9-15. The provider documents "The right extended carpal tunnel incision is well healing. There is no evidence of infection or compromise. There are no swelling and dystrophic changes. There is no evidence of flexor tenosynovial proliferation. She is completely intact right hand flexors, extensors, and intrinsic function. She has just finished the hand therapy sessions with some improvement. However, she still complains of a scar pain and weakness. The further options were discussed. She would like to go ahead with more therapy. I rewrote a script for the therapy, including scar massaging, desensitization, tendon-nerve gliding exercise, iontophoresis and strengthening protocol." The provider also gave the injured worker a prescription for the Lidoderm patch. He notes his treatment plan included the injured worker may take over-the-counter anti-inflammatory medications, and was instructed to gradually

further increase the use of the hand to regain the strength and will see her back in another six weeks. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 9-2-15 and non-certification was for Occupational Therapy Right Carpal Tunnel release 2x6 #12 at [REDACTED]. Utilization Review states "As of May 5, 2015, the patient has completed 12 sessions of postoperative physical therapy, exceeding the 8 sessions of postoperative physical therapy for carpal tunnel release recommended per the evidence-based guidelines. Since that time, on June 16, 2015, an additional 10 sessions were certified as allowable for chronic conditions. Independent medical review deemed postoperative physical therapy for the right carpal tunnel release 3 times per week for 4 weeks not medically necessary and appropriate as of July 8, 2015. The patient has now been approved for extensive postoperative-chronic physical-occupational therapy. The patient should be well-versed in a home exercise program, which can be utilized for maintenance and to attain any further needed gains." The provider is requesting authorization of Occupational Therapy Right Carpal Tunnel release 2x6 #12 at [REDACTED].

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Occupational Therapy Right Carpal Tunnel release 2x6 #12 at [REDACTED]**  
[REDACTED]: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** The California MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one-half the maximal number of visits (page 10); 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). This request for an additional 12 therapy sessions substantially exceeds guidelines and is well outside the post-surgical treatment period. There is no reasonable expectation the requested additional therapy would result in functional improvement such as return to work. Therefore, the request is not medically necessary.