

<b>Case Number:</b>	CM15-0061664		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male injured worker suffered an industrial injury on 09/17/2013. The diagnoses included left carpal tunnel release syndrome and cervical radiculopathy. The diagnostics included electromyographic studies, nerve conduction velocity studies. The injured worker had been treated with medications, physical therapy. On 1/9/2015 the treating provider reported bilateral wrist pain with numbness, tingling and weakness. The treatment request is for pending left carpal tunnel release. The treatment plan included Post-operative physical therapy and Arm sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2-3 x 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):

16.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and left carpal tunnel release surgery is being planned. Carpal tunnel release surgery is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, number of treatments being requested is in excess of the guideline recommendations and therefore not medically necessary.

**Arm sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Carpal Tunnel Syndrome Procedure Summary Online Version last updated 11/11/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Carpal Tunnel Syndrome (Acute & Chronic) Brace (2) Shoulder (Acute & Chronic), Immobilization.

**Decision rationale:** The claimant sustained a work-related injury in September 2013 and left carpal tunnel release surgery is being planned. There is negative evidence for using a wrist splint after carpal tunnel surgery. Immobilization is also a major risk factor for developing adhesive capsulitis of the shoulder. Therefore, the requested arm sling was not medically necessary.