

<b>Case Number:</b>	CM15-0092068		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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:

The injured worker is a 49 year old male, who sustained an industrial injury on June 9, 2013. He reported progressive bilateral hand numbness and tingling. The injured worker was diagnosed as having status post left carpal tunnel and cubital tunnel releases. Diagnostic studies to date have included x-rays and electrodiagnostic studies. Treatment to date has included work/activity modifications, wrist splinting, elbow extension splinting, a home exercise program, and medications including muscle relaxant, topical analgesic, opioid analgesic, and non-steroidal anti-inflammatory. The injured worker underwent occupational therapy, which included therapeutic exercises, electrical stimulation, and manual therapy. On March 30, 2015, the injured worker complains of left elbow pain with activity and decreased sensation immediately distal to the incision. The physical exam revealed well-healed incisions, no sign of infection, neurologically intact distally, and full active and passive range of motion of the elbows. The treatment plan includes continuing his therapy. The requested treatment is an additional 6 sessions of physical therapy for the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times per wk for 6 wks, Left Hand (12 sessions): 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:** According to MTUS: Postsurgical treatment (open): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months Postsurgical physical medicine treatment period: 6 months. The patient has had more than 20 therapy sessions since surgery. In addition, his surgery was in 2014, and he is now beyond the post-surgical treatment period of six months. He has pain, but the records do not provide compelling evidence that additional therapy will improve his pain. In addition, the records do not document why a home exercise program is not sufficient for his therapy needs. The request exceeds MTUS guidelines and is not medically necessary.