

<b>Case Number:</b>	CM15-0098134		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: 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 injured worker is a 51 year old female, who sustained an industrial injury on October 16, 2014, incurring bilateral hand and elbow injuries. She complained of burning, numbness and tingling in both hands. Electromyography studies confirmed diagnoses of severe bilateral carpal tunnel and cubital tunnel syndrome. She was also diagnosed with right medial epicondylitis. Treatment included physical therapy anti-inflammatory drugs, neuropathic medications, splinting, bracing and home exercise program, and work modifications. She underwent surgical carpal tunnel releases, and right medial epicondyle debridement. The treatment plan that was requested for authorization included Physical therapy to the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, right elbow per 03/30/15 order (12 sessions):**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 18-21. Decision based on

Non-MTUS Citation ODG, Elbow/Wrist and Carpal Tunnel Syndrome Chapters, Physical Therapy.

**Decision rationale:** The California Code of Regulations Section 9792.20 on pages 18-21 describes guidelines for post-operative physical therapy for the forearm, wrist, and hand as excerpted below: Used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short-term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006) Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Postsurgical treatment: 20 visits over 10 weeks, Postsurgical physical medicine treatment period: 6 months, 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. In the case of this injured worker, there is a history of bilateral carpal tunnel release and ulnar nerve transposition. This one first done on the left on 12/30/14, and then on the right on 1/30/15. The patient also had epicondylar debridement. The issue in this case raised by the utilization review determination is that there was no functional benefit associated with 6 sessions of PT. On the other hand, the requesting provider did not provide a comprehensive summary of total post-operative sessions attended to date. However, the ulnar transposition time frame is 6 months of physical medicine. Given that the patient had bilateral procedures, up a total of 8 visits + 20 visits may be warranted on one side based upon the CA MTUS. Since it is unlikely that these have been exhausted, and the post-op time frame still applies, the request for an additional 12 session is appropriate. Therefore the request is medically necessary.