

Title 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 ET AL.
APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Labor Code section 5307.27 requires the Administrative Director to adopt a medical treatment utilization schedule (MTUS) that is “scientific and evidence-based, peer-reviewed, and nationally recognized.” (See, also Lab. Code, § 4604.5(b).) Labor Code section 5307.27 further provides that the MTUS shall address, at a minimum, “the frequency, duration, intensity, and appropriateness of all treatment procedures and modalities commonly performed in workers’ compensation cases.”

Labor Code section 4604.5(d)(1) provides that for injuries occurring on and after January 1, 2004, an injured worker shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. Labor Code section 4604.5(d)(3), as amended by Assembly Bill 1073 (Statute 2007, Chapter 621), creates an exception to the 24 visit cap by providing that the 24 visit limitation does “not apply to visits for postsurgical physical medicine and postsurgical physical medicine services provided in compliance with a postsurgical treatment utilization schedule established by the administrative director pursuant to Section 5307.27.”

The proposed Postsurgical Treatment Guidelines, Section 9792.24.3, et al., creates an exception to the limit of 24 visits for physical therapy, occupational therapy and chiropractic treatment found in Labor Code section 4604.5(d)(1), for postsurgical physical medicine treatment. The proposed guidelines are adapted from the Work Loss Data Institute’s Official Disability Guidelines (ODG) Treatment in Workers’ Comp, with the permission of the ODG’s publisher. (See, correspondence from Work Loss Data Institute, Phil Denniston, President, dated March 13, 2008.) Because the Work Loss Data Institute continuously revises its guidelines, the DWC utilized the last available version while conducting its rulemaking as a basis for the DWC’s postsurgical treatment guidelines. The ODG Physical Medicine Guidelines version being adapted is dated October 23, 2008 (Work Loss Data Institute, Official Disability Guidelines, Treatment in Workers’ Comp-Excerpt from the Chapter Procedures Summaries (ODG Physical Medicine Guidelines), version dated October 23, 2008). Future updates will be integrated into the MTUS utilizing the formal rulemaking process. The selection of the ODG Physical Medicine Guidelines was based not only on the fact that the ODG guidelines were determined to meet the requirements of the statute (Lab. Code, § 5307.27) by RAND in its publication entitled, *Evaluating Medical Treatment Guideline Sets for Injured Workers in California*, RAND Institute for Civil Justice and RAND Health, 2005 (2005 RAND Report; see, Table 4, p. 21; Table 4.2, p. 27), but upon a thorough review of their entire Physical Medicine Guidelines by the Division of Workers’ Compensation (DWC), the Medical Evidence Evaluation Advisory Committee (MEEAC), and designated subject matter experts.

The medical evidence evaluation advisory committee (MEEAC), as created by California Code of Regulations, title 8, section 9792.23(a) (8 CCR 9792.23(a)) [now proposed Section 9792.26(a)], evaluated ODG’s Physical Medicine Guidelines and made recommendations to the Administrative Director via the Medical Director pursuant to 8 CCR 9792.23(c)(1)-(c)(3) [now proposed Section 9792.26(c)(1)-(c)(3)].

Because the 2005 RAND Report identified the ODG Guidelines as meeting the requirements of Labor Code section 5307.27, DWC determined that it was not necessary to require the MEEAC

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to review the ODG's Physical Medicine Guidelines to determine whether the guidelines were "nationally recognized" and "scientifically and evidence-based." (8 CCR 9792.23(c)(1) [now proposed Section 9792.26(c)(1)].) For the same reason, DWC determined that it was not necessary to require the MEEAC to review the ODG's Physical Medicine Guidelines to identify areas which are not "scientifically and evidence-based." (8 CCR 9792.23(c)(2) [now proposed Section 9792.26(c)(2)].) However, because the postsurgical treatment guidelines are an adaptation of the ODG's Physical Medicine Guidelines, the MEEAC reviewed the ODG's Physical Medicine Guidelines and applied the requirements of 8 CCR 9792.23(c)(3) [now proposed Section 9792.26(c)(3)].

In applying the requirements of this section, the MEEAC and designated subject matter experts, conducted a thorough review of ODG's Physical Medicine Guidelines. The MEEAC noted that ODG's Physical Medicine Guidelines needed supplementation to include additional surgeries. Evidence-based reviews (EBRs) were conducted on these surgical areas to determine the most appropriate treatments. The EBRs reflected insufficient evidence for or against postsurgical physical medicine in many cases.

"Guidelines built on synthesis of the evidence, but go one step further to provide formal conclusions or recommendations about appropriate and necessary care for specific types of patients." *Crossing the Quality Chasm: A New Health System for the 21st Century/Committee on Quality of Health Care in America, Institute of Medicine*, National Academy Press, Washington, D.C., Fifth Printing, June 2004, p. 151.

Therefore, the first step of developing a clinical practice guideline is to do the evidence-based reviews. The second step involves "...reli[ance] on expert panels to arrive at specific clinical conclusions. Judgment must be exercised in this process because the evidence base is sometimes weak or conflicting, or lacking in the specificity needed to develop recommendations useful for making decisions about individual patients in particular settings (Lohr et al., 1998)." *Crossing the Quality Chasm*, Institute of Medicine, (2001), p. 151.

Thus, the MEEAC made recommendations to develop the guidelines, and the recommendations are included in DWC's postsurgical treatment guidelines. The postsurgical physical medicine treatment guidelines adapted directly from ODG are labeled "[ODG]." The postsurgical physical medicine treatment guidelines not adapted directly from ODG but recommended by the DWC are labeled "[DWC]."

Further, in making recommendations to the Administrative Director via the Medical Director to supplement the MTUS, the MEEAC is responsible to evaluate the developed guidelines to insure that the guidelines conform to the framework of the MTUS. The MEEAC must further take into consideration Labor Code 4604.5(a), which provides that the MTUS is presumed to be "correct on the issue of extent and scope of medical treatment" provided to injured employees. Clarity in the guidance of the guidelines facilitates appropriate treatment which is presumed to

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be correct pursuant to the Labor Code and avoids delayed treatment, thus encouraging prompt recovery and reduced disability.

Moreover, because the postsurgical treatment guidelines constitute an exception to the 24 physical therapy visits per industrial injury pursuant to Labor Code section 4604.5(d)(1), it was necessary for DWC in order to implement, interpret and make specific and carry out the provisions of Labor Code section 4604.5(d)(3) to define a postsurgical physical medicine period. In order to comply with the requirement of the statute, the MEEAC and designated subject matter experts defined the postsurgical physical medicine period for the specified surgeries based on their recommendations. The postsurgical physical medicine period frames the time interval that is needed for postsurgical treatment allowed for the 24-visit cap exception to apply within that period. Upon reaching the end of the time interval, the postsurgical treatment guidelines cease to apply, reverting back to the 24-visit cap.

The following list represents the format of the EBRs conducted: (1) Topic Heading, (2) Treatment Guideline, (3) Date of review, (4) Treatment recommendation, (5) Background research, (6) Search criteria (7) Search terms, (8) Findings, (9) Strength of evidence, (10) MEEAC Comments (if any), (11) Evidence lists.

Individual Medical Treatment Guidelines

Ankle & Foot

Anterior tibial tendon

Post-surgical treatment: 8 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Anterior tibial tendon with surgery

Anterior tibial tendon with surgery and rehabilitation

Anterior tibial tendon with surgery and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Amputation of foot

Post-surgical treatment: 48 visits over 26 weeks

Post-Surgical physical medicine treatment period: 12 months

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Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Amputation of Foot
Amputation of Foot and rehabilitation
Amputation of Foot and therapy

Findings: There were no studies on the need for postsurgical physical medicine

Strength of Evidence: I

Dislocation of the peroneal tendons

Post-surgical treatment: 8 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Dislocation peroneal tendon(s) with surgery
Dislocation peroneal tendon(s) with surgery
Dislocation peroneal tendon(s) with surgery and therapy
Dislocation peroneal tendons(s) with surgery and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Fracture of toe

[DWC] Special Consideration: Post-surgical physical medicine is rarely needed for fracture of toe.

Date of Review: December 27, 2007

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Fracture toe rehabilitation
Fracture toe therapy

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Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

MEEAC Comments: Special Consideration: Post-surgical physical medicine is rarely needed for fracture of toe.

Peroneal tendon repair

Post-surgical treatment: 8 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Peroneal tendon with surgery

Peroneal tendon with surgery and rehabilitation

Peroneal tendon with surgery and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Posterior tibial tendonitis

Post-surgical treatment: 8 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms

Posterior tibial tendonitis with surgery

Posterior tibial tendonitis with surgery and therapy

Posterior tibial tendonitis with surgery with surgery and therapy

Tarsal tunnel syndrome outcome of surgery in long

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

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Posterior tibial tenosynovitis (partial or complete rupture) [DWC]

Post-surgical treatment: 8 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Posterior tibial tenosynovitis with surgery

Posterior tibial tenosynovitis with surgery and therapy

Posterior tibial tenosynovitis with surgery and therapy

Tarsal tunnel syndrome outcome of surgery in long

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Burns

(No Evidence Based Reviews Conducted)

Cardiopulmonary [DWC]

Coronary Stenting

Post-surgical treatment: 36 visits over 18 weeks

Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 17, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Coronary Stenting

Coronary Stenting and Rehabilitation

Coronary stenting and therapy

Stenting and rehabilitation

Stenting and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

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Heart Valve repair/replacement

Post-surgical treatment: 36 visits over 18 weeks

Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 17, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Heart valve repair

Heart valve repair and therapy

Heart valve repair and rehabilitation

Heart valve replacement

Heart valve replacement and rehabilitation

Heart valve replacement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Percutaneous transluminal coronary angioplasty (PTCA)

Post-surgical treatment: 36 visits over 18 weeks

Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 17, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Percutaneous transluminal coronary angioplasty and rehabilitation

Percutaneous transluminal coronary angioplasty and therapy

Percutaneous transluminal coronary angioplasty and physical therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Carpal Tunnel Syndrome

(No Evidence Based Reviews Conducted)

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Elbow & Upper Arm

Amputation of arm, above the elbow

Post-surgical treatment: without complications, no prosthesis: 18 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Post-surgical treatment: without complications, with prosthesis: 30 visits over 6 months

Post-Surgical physical medicine treatment period: 9 months

Post-surgical treatment: with complications, no prosthesis: 30 visits over 5 months

Post-Surgical physical medicine treatment period: 7 months

Post-surgical treatment: with complications and prosthesis: 40 visits over 8 months

Post-Surgical physical medicine treatment period: 12 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Amputation of arm above elbow

Amputation of arm above elbow and rehabilitation

Amputation of arm above elbow and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Cubital tunnel release

Post-surgical treatment: 20 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Cubital tunnel release

Cubital tunnel release and rehabilitation

Cubital tunnel release and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

ECRB/ ECRL debridement

Post-surgical treatment: 10 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

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Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Extensor carpi radialis brevis
Extensor carpi radialis brevis and rehabilitation
Extensor carpi radialis brevis debridement
Extensor carpi radialis brevis debridement and rehabilitation
Extensor carpi radialis brevis tenotomy
Extensor carpi radialis longus
Extensor carpi radialis longus and rehabilitation
Extensor carpi radialis longus repair
Extensor carpi radialis brevis tenotomy and therapy
Extensor carpi radialis brevis debridement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

ECRB/ ECCRL tenotomy

Post-surgical treatment: 10 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Extensor carpi radialis brevis
Extensor carpi radialis brevis and rehabilitation
Extensor carpi radialis brevis debridement
Extensor carpi radialis brevis debridement and rehabilitation
Extensor carpi radialis brevis tenotomy
Extensor carpi radialis longus
Extensor carpi radialis longus and rehabilitation
Extensor carpi radialis longus repair
Extensor carpi radialis brevis tenotomy and therapy
Extensor carpi radialis brevis debridement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Elbow diagnostic arthroscopy and arthroscopic debridement

Post-surgical treatment: 20 visits over 2 months

Post-Surgical physical medicine treatment period: 4 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Elbow arthroscopic debridement

Elbow arthroscopic debridement and rehabilitation

Elbow diagnostic arthroscopy

Elbow diagnostic arthroscopy and arthroscopic debridement

Elbow diagnostic arthroscopy and arthroscopic debridement

Elbow diagnostic arthroscopy and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Elbow collateral ligament repair

Post-surgical treatment: 14 visits over 6 months

Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Elbow collateral ligament and rehabilitation

Elbow collateral ligament and repair

Elbow collateral ligament repair and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Muscle or tendon transfers for elbow flexion

Post-surgical treatment: 30 visits over 5 months

Post-Surgical physical medicine treatment period: 8 months

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Search Criteria: The following search terms were used for the literature search:

Search Terms:

Muscle or tendon transfers for elbow flexion
Muscle transfers for elbow flexion and rehabilitation
Muscle or tendon transfers for elbow flexion and rehabilitation
Tendon transfers for elbow flexion
Muscle transfers for elbow flexion
Tendon transfers for elbow flexion and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Triceps repair

Post-surgical treatment: 24 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 9, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Triceps Repair and Rehabilitation
Triceps Repair
Triceps Repair and Therapy
Triceps Surgery and Therapy
Triceps Surgery
Triceps Surgery and Rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Forearm, Wrist, & Hand

Amputation of arm, below the elbow

Post-surgical treatment: without complications, no prosthesis: 18 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Post-surgical treatment: without complications, with prosthesis: 30 visits over 6 months

Post-Surgical physical medicine treatment period: 9 months

Post-surgical treatment: with complications, no prosthesis: 30 visits over 5 months

Post-Surgical physical medicine treatment period: 7 months

Post-surgical treatment: with complications and prosthesis: 40 visits over 8 months

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Post-Surgical physical medicine treatment period: 12 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Amputation of arm below elbow

Amputation of arm below elbow and rehabilitation

Amputation of arm below elbow and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Amputation of hand:

Post-surgical treatment: without complications, no prosthesis: 18 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Post-surgical treatment: with complications, no prosthesis: 24 visits over 5 months

Post-Surgical physical medicine treatment period: 7 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Amputation of hand

Amputation of hand and rehabilitation

Amputation of hand and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Amputation of thumb; finger

Post-surgical treatment: Amputation of fingers without replantation: 14 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Post-surgical treatment: Amputation of thumb without replantation: 16 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

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Search Terms:

Amputation of finger
Amputation of finger and rehabilitation
Amputation of finger and therapy
Amputation of finger without replantation
Amputation of finger without replantation and rehabilitation
Amputation of thumb
Amputation of thumb and rehabilitation
Amputation of thumb and therapy
Amputation of thumb without replantation
Amputation of thumb without replantation and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Digital nerve repair

Post-surgical treatment: 8 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Digital nerve repair
Digital nerve repair and rehabilitation
Digital nerve repair and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

DIP joint intraarticular fracture at middle or distal phalanx

Post-surgical treatment: 14 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Distal interphalangeal fracture
Distal interphalangeal fracture and therapy

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Distal interphalangeal fracture and rehabilitation
Treatment of distal interphalangeal fracture

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Extensor tendon repair or tenolysis

Post-surgical treatment: 18 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Finger extensor tendon tenolysis

Finger extensor tendon tenolysis and rehabilitation

Thumb extensor tendon repair and therapy

Thumb extensor tendon tenolysis and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Extensor tenosynovectomy

Post-surgical treatment: 14 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 11, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Extensor and Rehabilitation

Extensor and Therapy

Extensor Tenosynovectomy

Extensor Tenosynovectomy and Rehabilitation

Extensor Tenosynovectomy and Therapy

Tenosynovectomy

Tenosynovectomy and Rehabilitation

Tenosynovectomy and Therapy

Findings: There were no studies on the need for postsurgical physical medicine.

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Strength of Evidence: I

Flexor tendon repair or tenolysis Zone 2 and other than Zone 2

Post-surgical treatment: Flexor tendon repair or tenolysis Zone 2: 30 visits over 6 months

Post-Surgical physical medicine treatment period: 8 months

Post-surgical treatment: Other than Zone 2: 20 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Finger flexor tendon reconstruction and therapy

Finger flexor tendon repair

Finger flexor tendon repair and rehabilitation

Finger flexor tendon repair and therapy

Finger flexor tendon tenolysis

Finger flexor tendon tenolysis and rehabilitation

Finger flexor tendon tenolysis and therapy

Thumb flexor tendon reconstruction and therapy

Thumb flexor tendon repair and therapy

Thumb flexor tendon tenolysis

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Flexor tenosynovectomy

Post-surgical treatment: 14 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 11, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Flexor and Rehabilitation

Flexor and Therapy

Flexor Tenosynovectomy

Flexor Tenosynovectomy and Rehabilitation

Flexor Tenosynovectomy and Therapy

Tenosynovectomy

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Tenosynovectomy and Rehabilitation
Tenosynovectomy and Therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Flexor tendon repair (forearm)

Post-surgical treatment: 12 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Flexor tendon

Flexor tendon and repair

Flexor tendon and rehabilitation

Forearm level flexor tendon

Forearm level flexor tendon and repair

Forearm level flexor tendon and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Ganglion and cyst of synovium, tendon, and bursa

[DWC] Special Consideration: Post-surgical physical medicine is rarely needed for ganglionectomy.

Date of Review: December 27, 2007

Search Criteria: The following search terms were used for the literature search:

Search Terms:

ganglion bursa therapy hand

rehabilitation hand ganglion

ganglion tendon therapy hand

ganglion synovium therapy

Findings: There were no studies on the need for postsurgical physical medicine.

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Strength of Evidence: I

MEEAC Comment: Post-surgical physical medicine is rarely needed for ganglionectomy.

Intersection syndrome

Post-surgical treatment: 9 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Intersection syndrome and rehabilitation

Intersection syndrome and therapy

Intersection syndrome and surgery and therapy

Intersection syndrome and surgery and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Median Nerve Repair: Forearm –Wrist

Post-surgical treatment: 20 visits over 6 weeks

Post-Surgical physical medicine treatment period: 6 months

Date of Review: March 6, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Median Nerve Repair

Median Nerve Repair and Rehabilitation

Median Nerve Repair and Therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

PIP and MCP capsulotomy/capsulectomy

Post-surgical treatment: 24 visits over 2 months

Post-Surgical physical medicine treatment period: 4 months

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Search Criteria: The following search terms were used for the literature search:

Search Terms:

Proximal interphalangeal capsulotomy
Proximal interphalangeal capsulectomy
Proximal interphalangeal capsulotomy and Rehabilitation
Proximal interphalangeal capsulectomy and Rehabilitation
Proximal interphalangeal capsulotomy and Therapy
Proximal interphalangeal capsulectomy and Therapy
Metacarpal capsulotomy and Therapy
Metacarpal capsulectomy and Therapy
Metacarpal capsulotomy and Rehabilitation
Metacarpal capsulectomy and Rehabilitation
Metacarpal capsulotomy
Metacarpal capsulectomy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

PIP and MCP collateral ligament reconstruction

Post-surgical treatment: 18 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Finger collateral ligament reconstruction
Finger collateral ligament reconstruction and rehabilitation
Collateral ligament reconstruction thumb and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

PIP and MCP collateral ligament repairs

Post-surgical treatment: 12 visits over 4 months

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Search Criteria: The following search terms were used for the literature search:

Search Terms:

Collateral ligament repair fingers and therapy
Collateral ligament repair thumb and therapy
Finger collateral ligament repairs

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

PIP joint intraarticular fracture and or dislocation at proximal or middle phalanx

Post-surgical treatment: Post-surgical treatment: 20 visits over 6 months

Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Functional treatment of basal joint fractures of
Joint intraarticular fracture repair
PIP joint intraarticular dislocation and therapy
PIP joint intraarticular fracture and therapy
Proximal interphalangeal procedure dislocation
Proximal interphalangeal procedure dislocation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Proximal row carpectomy

Post-surgical treatment: 20 visits over 6 months

Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Proximal row carpectomy
Proximal row carpectomy and rehabilitation
Proximal row carpectomy and therapy

Title 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 ET AL.
APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Radial Nerve Repair: Elbow –Wrist

Post-surgical treatment: 20 visits over 6 weeks

Post-Surgical physical medicine treatment period: 8 months

Date of Review: March 6, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Radial Nerve Repair

Radial Nerve Repair and Rehabilitation

Radial Nerve Repair and Therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Tendon transfer forearm, wrist or hand

Post-surgical treatment: 14 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Tendon transfer forearm

Tendon transfer forearm and rehabilitation

Tendon transfer forearm and therapy

Tendon transfer hand

Tendon transfer hand and rehabilitation

Tendon transfer hand and therapy

Tendon transfer wrist

Tendon transfer wrist and rehabilitation

Tendon transfer wrist and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

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APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Tendon transfers - thumb or finger

Post-surgical treatment: 26 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Tendon transfer finger

Tendon transfers finger and rehabilitation

Tendon transfers thumb

Tendon transfers thumb and rehabilitation

Tendon transfer thumb and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

TFCC injuries-debridement (arthroscopic)

Post-surgical treatment: 10 visits over 10 weeks

Post-Surgical physical medicine treatment period: 4 months

Date of Review: January 3, 2008

Reason for evidence review: The MEEAC advised that this subject should be included in the guideline.

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Triangular fibrocartilage complex arthroscopy

Triangular fibrocartilage complex arthroscopy and rehabilitation

Triangular fibrocartilage complex arthroscopy and therapy

Triangular fibrocartilage complex debridement

Triangular fibrocartilage complex debridement and rehabilitation

Triangular fibrocartilage complex debridement and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

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APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Wrist - intercarpal ligament reconstruction or repair

Post-surgical treatment 20 visits over 6 months

Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Collateral ligament reconstruction of the metacarpal

Intercarpal ligament reconstruction

Intercarpal ligament reconstruction and therapy

Intercarpal ligament repair and therapy

Intercarpal ligament reconstruction and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Head

(No Evidence Based Reviews Conducted)

Hernia

(No Evidence Based Reviews Conducted)

Hip, Pelvis and Thigh (femur)

Arthrodesis

Post-surgical treatment: 22 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Hip arthrodesis

Hip arthrodesis and rehabilitation

Hip arthrodesis and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

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APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Synovectomy

Post-surgical treatment: 14 visits over 3 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Hip synovectomy

Hip synovectomy and rehabilitation

Synovectomy hip and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Knee

Amputation of leg

Post-surgical treatment: 48 visits over 6 months

Post-Surgical physical medicine treatment period: 8 months

Date of Review: January 3, 2008

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Amputation of leg

Amputation of leg and rehabilitation

Amputation of leg and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Manipulation under Anesthesia (knee)

Post-surgical treatment: 20 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: February 6, 2008

Search Criteria: The following search terms were used for the literature search:

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APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Search Terms:

Knee manipulation under anesthesia and rehabilitation
Knee manipulation under anesthesia and therapy
Knee manipulation under anesthesia
Knee manipulation under anesthesia and surgery
Knee manipulation under anesthesia and surgery and therapy
Knee manipulation under anesthesia and surgery and rehabilitation

Findings: There were no studies on the need for postsurgical physical medicine.

Strength of Evidence: I

Low Back

Artificial Disc

Post-surgical treatment: 18 visits over 4 months

Post-Surgical physical medicine treatment period: 6 months

Date of Review: December 27, 2007

Background Research:

The study: A Prospective, Randomized, Multicenter Food and Drug Administration Investigational Device Exemptions Study of Lumbar Total Disc Replacement With the CHARITÉ™ Artificial Disc *Versus* Lumbar Fusion Part I: Evaluation of Clinical Outcomes (Scott Blumenthal, MD) was reviewed. It does not mention a specific rehabilitation method other than: “Patients in both groups were required to wear a thoracolumbar spinal orthosis brace for a period of 6 weeks following surgery. Patients in both groups were advanced with activities as tolerated per a standardized rehabilitation protocol.” Other articles were reviewed concerning artificial disc surgery, but none had any discussion of postsurgical therapy. Blumenthal, S., et al. A Prospective, Randomized, Multicenter Food and Drug Administration Investigational Device Exemptions Study of Lumbar Total Disc Replacement With the CHARITÉ™ Artificial Disc Versus Lumbar Fusion: Part I: Evaluation of Clinical Outcomes. *Spine* 2005; Volume 30, Number 14: 1565-75.

Search Criteria: The following search terms were used for the literature search:

Search Terms:

Artificial disc and rehabilitation
Artificial disc and therapy

Findings: There were no studies on the need for postsurgical physical medicine.

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APPENDIX C—POSTSURGICAL TREATMENT GUIDELINES
EVIDENCE-BASED REVIEWS

Strength of Evidence: I

Neck & Upper Back

(No Evidence Based Reviews Conducted)

Shoulder

(No Evidence Based Reviews Conducted)