

Case Number:	CM13-0021308		
Date Assigned:	11/20/2013	Date of Injury:	08/03/2012
Decision Date:	01/06/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in California. 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 physician 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/services.

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 patient is a 55-year-old female who reported a work-related injury on 08/03/2012. She is status post open right carpal tunnel decompression and flexor tenosynovectomy along with trigger finger release of the 4th and 5th fingers in 11/2012 and is also status post left carpal tunnel decompression and release of the A1 pulley of the 3rd, 4th, and 5th fingers of the left hand on 04/23/2013. The physical therapy note dated 07/18/2013 stated that the patient had completed 12 physical therapy visits for the left hand. The clinical note dated 09/13/2013 stated the patient reported she was happy with the results of the surgery but was still not happy with the strength that was in her hands. The patient's medications include Hydrochlorothiazide, Lisinopril, Metformin, Glipizide, Xanax, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left hand/wrist 1/week x 10 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Guidelines state that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore, carpal tunnel release surgery is a relatively simple operation that

also should not require extended multiple therapy office visits for recovery. Per documentation submitted for review, the patient has completed 12 visits of physical therapy. The patient's left wrist surgery was on 04/23/2013. MTUS Postsurgical Guidelines recommend 3 to 8 visits over 3 to 5 weeks. There were no exceptional factors noted in the submitted documentation stating the patient would not be able to continue her recovery in a home exercise program. The request for Physical Therapy 1xwk for 10wks for Left Hand/Wrist is not medically necessary and appropriate