

Case Number:	CM13-0026680		
Date Assigned:	11/22/2013	Date of Injury:	06/22/2012
Decision Date:	12/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain, knee pain, and hand pain reportedly associated with an industrial injury of August 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier carpal tunnel release surgery on August 7, 2013; and six sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review Report dated September 11, 2013, the claims administrator denied a request for 'extended postoperative physical therapy left wrist.' The claims administrator stated that it was basing its decision on MTUS Guidelines but neither cited nor incorporated the same into its report. The claims administrator suggested that the applicant had already received approval for six sessions of physical therapy and that this would likely suffice here. The applicant's attorney subsequently appealed. The applicant's job descriptions as a chef was reviewed and did require extensive food preparation task as well as lifting task. In a May 1, 2013 progress note, it was stated that the applicant had undergone carpal tunnel release surgery on April 24, 2013, had adequately controlled postoperative pain, and had no evidence of wound infection. Physical therapy and a nursing visit for suture removal were scheduled. The applicant had reportedly received authorization for eight sessions of physical therapy, it was suggested on a handwritten physical therapy note dated May 13, 2013. On May 30, 2013, it was stated that the applicant was 34 days removed from right endoscopic carpal tunnel release surgery. The applicant stated that she had an ancillary complaint of left elbow pain. Insofar as the right hand was concerned, her only residual complaints were mild discomfort over the thenar eminence. The applicant's wound was healing nicely. The applicant was able to make a full compound fist of the right hand. The applicant was given Voltaren gel, reportedly to apply to the elbow. The applicant was asked to continue hand therapy and then transition to a home exercise program. On June 24, 2013, the applicant stated that she was now

two months removed from the date of right hand carpal tunnel release surgery. The applicant stated that she was very happy about the outcome of the right hand carpal tunnel release surgery. The applicant had, however, reported worsening of paresthesias about the left thumb and left index fingers. Her left elbow was no longer painful. The applicant had a positive Tinel and Phalen sign about the left wrist. The applicant was given diagnoses of left carpal tunnel syndrome and left lateral epicondylitis. Authorization for a left endoscopic carpal tunnel release surgery and postoperative physical therapy at a rate of two times a week for three weeks was sought. On September 24, 2013, it was stated that the applicant was now 48 days removed from an endoscopic left carpal tunnel release surgery. It was stated that the applicant had a nicely healing scar about the left wrist. 25-30 pounds of grip strength was noted about the left wrist versus 40-45 pounds about the right hand. It was stated that the applicant would transition back to regular duty over the next four to six weeks. It was stated that the applicant could perform home based exercises for scar massage, desensitization, and strengthening. It was suggested that the applicant's elbow issues were now the predominant presenting complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extend Post-Operative Physical Therapy for Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant has seemingly had prior treatment (at least six sessions), seemingly consistent with the three- to eight-session course recommended in the MTUS postsurgical treatment guidelines following carpal tunnel release surgery, as apparently transpired here. It is further noted that MTUS 9792.24.3.c.4 notes that the frequency of visits shall be "gradually reduced or discontinued" as an applicant gains independence in management of symptoms and with achievement of functional goals. In this case, all evidence on file pointed to the applicant's left wrist issues trending towards resolution on or around the office visit of September 24, 2013, referenced above, at which point it was stated the applicant could transition toward regular duty work over the next four to six weeks and perform self-directed home exercises, i.e., the applicant's left wrist issues were similarly trending toward resolution on or around the date of the Utilization Review Report, September 11, 2013. Additional postoperative physical therapy for the left wrist in unspecified amounts was not indicated and was seemingly at odds both with the Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.4 and with the applicant's own favorable response to earlier treatment. Therefore, the request is not medically necessary.