

Case Number:	CM13-0033451		
Date Assigned:	12/06/2013	Date of Injury:	04/30/2002
Decision Date:	02/25/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/09/2013

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 Plastic and Reconstructive Surgery, and is licensed to practice in Maryland. 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. 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 patient is a 60 year old right hand dominant female with a reported date of injury on 4/30/2002. She complains of chronic bilateral wrist pain for which she has undergone multiple surgical procedures as well as conservative management. Examination from 1/10/13 notes bilateral wrist pain with numbness bilaterally in the median nerve distribution. Tinel's sign and volar wrist compression test were positive for median nerve involvement. EMG/NCV studies from 3/20/13 document mild to moderate right carpal tunnel syndrome. Based on this, on 5/7/13 the patient underwent right carpal tunnel release and left wrist steroid injection and had been approved for 8 post-operative therapy sessions. From follow-up visit dated 5/31/2013, the patient was noted to have had resolved numbness in both hands. However, after a month and a half, her symptoms on the left side recurred. Left carpal tunnel release was requested and certified. UR review dated 9/10/2013 modified authorization for left wrist post-operative physical therapy to from 12 to 4 sessions. Rationale was that post-operative therapy after left carpal tunnel release is medically necessary for 4 treatments but not 12. CA MTUS guidelines state for postoperative physical therapy after carpal tunnel release: 3-8 visits over 3-5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Postoperative Physical Therapy, twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postoperative Physical Therapy: CTS..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 15.

Decision rationale: The patient was certified for left carpal tunnel release. CA MTUS Postsurgical treatment guidelines are clearly stated. 'There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. 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 Thus, based on CA MTUS the UR was correct in its modification from 12 visits to 4 visits, as this would satisfy the above requirements. Twelve (12) visits would exceed that. From page 11, 'If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.' Thus, after the first four weeks of therapy, additional therapy could be justifiable based on the above recommendations and documentation of necessity.