

Case Number:	CM13-0035585		
Date Assigned:	12/13/2013	Date of Injury:	03/26/2012
Decision Date:	04/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 35-year-old female who was injured on March 26, 2012. The patient continued to experience bilateral wrist pain. The patient was diagnosed with carpal tunnel syndrome and underwent right carpal tunnel release surgery on October 1, 2013. Request for authorization for 12 post-operative physical therapy visits for the right wrist were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) POST-OP PHYSICAL THERAPY VISITS FOR THE RIGHT WRIST:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The recommended number of physical therapy visits for open carpal tunnel release is 2-8 visits over 3-5 weeks with a postsurgical physical treatment period of 3 months. The request in this case is for 12 postoperative visits which surpasses the recommended number. The request should not be authorized.

POST-OP COOL CARE COLD THERAPY UNIT PLUS TECH FEE FOR THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Continuous Cold Therapy

Decision rationale: Continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. In this case the patient underwent carpal tunnel release surgery and continuous cold therapy should be limited to 7 days. Medical necessity for purchase of a cold therapy unit is not established.