

Case Number:	CM13-0038101		
Date Assigned:	12/18/2013	Date of Injury:	08/27/2011
Decision Date:	02/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Arizona. 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 42 year old female with a date of injury of 8/27/2011 from repetitive movements with diagnosis of bilateral carpal tunnel syndrome and ulnar nerve impingement. On 1/24/13 she underwent carpal tunnel release with decompressive neurolysis of the left wrist along with flexor tenosynovectomy, ulnar nerve decompression, and distal forearm fascial release of the left wrist. She underwent postoperative physical therapy. Only physical therapy notes from 2/19/13 and 2/20/13 were available to review which recommended 2-3 times a week for 3 weeks. There is no further documentation of therapy except for a Panel Qualified Medical Exam report which states, "She continues to receive postoperative physical therapy. She does note persistent numbness in the right hand." There is no further discussion of the quantity, results, dates or duration of the physical therapy. EMG was done 5/7/13 suggesting median nerve compromise of both wrists. It showed no evidence for damage to the ulnar nerves at the elbow or wrist. Examination of the left wrist reveals moderate tenderness over the triangular fibrocartilage, scapholunate ligament, and the ulnar and radial styloid; however, there is no atrophy. There is numbness and tingling of the left wrist. There was 1+ swelling, Finkelstein's test was negative, and Phalen's and Tinel's tests were positive. Wrist measurement revealed normal dorsiflexion, 10 degree loss of palmar flexion, 5 degree loss of radial deviation and 5 degree loss of ulnar deviation. Her strength was found to be 4/5 for wrist extensors, flexors, ulnar, and radial

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions of the Left 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: Per California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitation treatment guidelines for Carpal Tunnel Syndrome, "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." Maximums in the guidelines are 3-8 visits over 3-5 weeks. Benefits need to be documented after the first week, and prolonged therapy visits are not supported." Patient underwent surgery on 1/24/13. The post-op period as defined by the MTUS of 3-5 weeks has elapsed. Notes received demonstrate the patient received post op physical therapy on 2/19/13, 2/20/13 but there is no documentation that the quantity of the post op PT recommended in the MTUS was completed nor is there documentation that demonstrated any functional improvement from this treatment. For these reasons, no further treatment is indicated.