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| Case Number: | CM13-0039971 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 03/04/2010 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and Washington DC. 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:

There was multiple hand written notes that was ineligible. However this is a case of 44 year old female with history of work related injury to the left hand and wrist. She was reported to have underwent a left carpal tunnel release on 07/11/13. She had 12 PT/OT approved; these were done in the period of 08/02/13 through 09/05/13. The note of 09/04/13 indicates the patient reports post-op pain, decreased strength, and locking of thumb and little finger due to carpal tunnel release. The exam shows bruising on the palmar hand surface, slight swelling, tenderness, and puffiness of the palm of the left hand, negative Tinel's and Phalen's, and active triggering in the left thumb and little finger. The treatment plan is to finish the last 2 PT visits, request additional PT to increase strength, increase ADL's, and decrease medication; work restrictions, continue home exercise program (HEP), and request workstation evaluation. At issue is the request for Post-op to left wrist, 2 x week for 4 weeks which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op to left wrist, 2 x week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Carpal Tunnel Syndrome Page(s): 98-99; 15 of 127.

Decision rationale: CA-MTUS Chronic Pain Medical Treatment guideline, section of Physical Medicine Page 98- 99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home . CA-MTUS page 15 of 127 section on Post Surgical Treatment Guidelines for Carpal tunnel syndrome (ICD9 354.0): Recommended as indicated below: 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. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery, a home therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS {visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks Postsurgical physical medicine treatment period: 3 months CA-MTUS recommends up to 8 therapy visits post carpal tunnel release. This patient has had 12 PT sessions. There were no significant functional deficits documented on exam, and no rationale has been offered for the need for additional supervised therapy over a home program. The request for additional physical therapy Post-op to left wrist, 2 x week for 4 weeks is not medically necessary.