

Case Number:	CM13-0044462		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2008
Decision Date:	04/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and 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:

This is a 39 year-old female with a 12/19/08 industrial injury claim. According to the 8/22/13 orthopedic report from [REDACTED], the patient has been diagnosed as: s/p left carpal tunnel release on 8/8/13; right wrist moderate CTS and bilateral wrist/forearm tendonitis. The surgical scar was healing with sutures. There was slight swelling, warmth, no redness or signs of infection. [REDACTED]. [REDACTED] recommended a wrist brace. On 9/20/13 the chiropractor recommended additional post-op chiropractic care 2x4 and #3 one pound paraffin bars and the record shows 12 chiropractic sessions for the wrist from 9/3/13-9/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE PHYSICAL THERAPY 3X4, QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the 8/22/13 orthopedic report the patient has been diagnosed as: s/p left carpal tunnel release on 8/8/13; right wrist moderate CTS and bilateral wrist/forearm tendonitis. The surgical scar was healing with sutures. There was slight swelling, warmth, no redness or signs of infection. [REDACTED] recommended a wrist brace. On 9/20/13 the chiropractor

recommended additional post-op chiropractic care 2x4 and #3 one pound paraffin bars. The record show 12 chiropractic sessions for the wrist from 9/3/13-9/25/13. The MTUS postsurgical guidelines state a general course of care is 3-5 visits, and the initial course of care is half of that or 2-4 visits. There is no indication the patient had PT or had any improvement with PT for the CTR. The patient has had extensive chiropractic care, but MTUS specifically states chiropractic care is not recommended for carpal tunnel syndrome. The request for 12 post-op PT sessions for a carpal tunnel release exceeds the initial course of care and the general course of care, and there is no indication that any PT had been provided or had provided any functional improvement. The request is not in accordance with the MTUS post surgical medical treatment guidelines.

3X1 POUND PARAFFIN BARS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the 8/22/13 orthopedic report, the patient has been diagnosed as: s/p left carpal tunnel release on 8/8/13; right wrist moderate CTS and bilateral wrist/forearm tendonitis. The surgical scar was healing with sutures. There was slight swelling, warmth, no redness or signs of infection. The treating physician recommended a wrist brace. On 9/20/13 the chiropractor recommended additional post-op chiropractic care 2x4 and #3 one pound paraffin bars. Paraffin wax bath is a passive heat therapy. The MTUS postsurgical treatment guidelines for carpal tunnel syndrome states: Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. There is no reason why the patient requires three of the 1-lbs paraffin wax bars. The continued use of a passive paraffin wax bath does not appear to be in accordance with the MTUS post-surgical treatment guidelines.