

Case Number:	CM13-0058662		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2010
Decision Date:	08/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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, and is licensed to practice in Texas. 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:

According to the medical records, the patient is a 46 year old female with 4/10/2010 industrial injury date. The patient is status post right CTR on 8/23/2013. She completed 6 postoperative PT sessions in September 2013. She also had 16 PT sessions authorized. According to the 10/21/2013 Doctor's First Report, the patient complains of right hand, wrist and forearm pain rated 8/10. Since the surgery, she no longer has tingling and numbness in the right, but now has pain and swelling in the area. Examination reveals visible swelling and enlargement of the right wrist, hand, forearm and fingers with well healed vertical surgical scar on the volar aspect of the wrist. She is tender and guarded to palpation. Range of motion with pain is 12 flexion, 5 extension, 6 radial deviation, and 8 ulnar deviation. Reflexes are 2+. Grip strength could not be performed due to pain in the hands and wrists. Diagnosis is s/p CTS, right; CTS left. Recommendation is for additional physical therapy, home care education, and pain management. She is placed on TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postsurgical physical therapy per surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: According to the CA MTUS post-surgical treatment guidelines, 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, maximum 3-8 sessions within postsurgical treatment period of 3 months. Prolonged therapy visits are not supported. The medical records document the patient attended 6 sessions of postoperative physical therapy from 9/9/2013 through 9/26/2013, which included instruction and review of HEP. The patient has already completed the appropriate and recommended course of post-surgical supervised therapy, and past the postsurgical treatment period. She has been instructed in an HEP, which she should be encouraged to continue on her own, as recommended by the evidence based literature. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request for additional therapy is not supported by the medical guidelines, and the medical records do not establish additional therapy as medically necessary.