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| Case Number: | CM14-0005597 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 02/03/2012 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 & Rehabilitation has a subspecialty in Sports Medicine 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:

The injured worker reported an injury on 02/03/2012 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/16/2013 for reports of headaches, back pain, right hand pain, left hand pain and numbness in arms and legs. The exam noted bilateral hand scars were tender to touch and weakness noted in hands bilaterally. The diagnoses included cervical spine sprain/strain, radiculopathy, tendinitis, multi disc bulges and status post bilateral carpal tunnel surgery. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT HAND: 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: The California MTUS Guidelines recommend physical therapy after surgery. However, 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 maximum of 8. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore,

carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. 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. There is a significant lack of objective evidence of the efficacy of the previous 5 physical therapy sessions. Therefore, the request for 3 sessions of physical therapy for the right hand is not medically necessary and appropriate.