

Case Number:	CM14-0012169		
Date Assigned:	02/21/2014	Date of Injury:	12/16/2011
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 Plastic and Reconstructive Surgery, and is licensed to practice in Maryland. 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 63 year old male with a reported date of injury on 12/16/2011 who requested 12 additional physical therapy visits. He had undergone carpal tunnel release surgery on 10/1/13. Documentation from 1/18/14 notes the patient had resolution of tingling of the hand, but with persistent numbness. He was noted to have 'very severe' carpal tunnel syndrome prior to surgical release and that 'it is often the case that tingling improves but numbness does not...' 'He has found therapy helpful.' He is no longer awakened from sleep by symptoms involving the right hand. Examination notes 'good active extension and flexion of the digits of both hands.' 'Sensation is diminished at the median nerve distribution of the right hand, otherwise normal.' However, sensation is intact to light touch. Recommendation was made for continued supervised physical therapy. Documentation from 11/27/2013 notes similar findings to the 1/18/14 evaluation. Recommendation was for continued supervised physical therapy. Documentation from 2/19/14 notes patient is seen in follow-up of bilateral carpal tunnel release surgery. He is noted to have mild triggering of the right ring finger. He is able to actively flex and extend the digits of both hands. 'Sensation is intact to light touch at the tips of the digits of the right hand.' Options are discussed for treatment of his triggering. A Kenalog injection was performed. Utilization review dated 1/14/14 did not certify the additional 12 occupational therapy visits. Reasoning given was that the patient had completed 18 sessions of post surgical occupational therapy. His post surgical treatment period of 3 months for carpal tunnel release had been completed. Given this, additional functional improvement does not appear likely. In addition, additional therapy may be warranted based on chronic pain, but the patient is documented only to have continued numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CONTINUED OCCUPATIONAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98-99

Decision rationale: As stated in the utilization review, the employee had completed the post-surgical treatment period of 3 months for carpal tunnel release surgery. It is stated in the utilization review that the employee had undergone 18 physical therapy treatment sessions. Based on the documentation from the requesting surgeon, the employee is only noted to have residual numbness in the median nerve distribution that by his assertion can be expected given that his original carpal tunnel was noted to be 'very severe'. He has achieved improvement in his symptoms and has 'good' active flexion and extension of the digits. There is no documented additional functional improvement from his evaluation on 11/27/13 as compared to 1/18/14. Thus, it has not been shown that the employee is continuing to functionally improve in physical therapy and thus, further physical therapy is not warranted based on post-surgical treatment guidelines. There can be consideration for physical therapy if the employee can be considered in a chronic pain condition as stated below from Chronic Pain Medical Treatment Guidelines. However, there is insufficient documentation that this is the case for this employee as there is no documented physical exam findings or symptomatology to suggest this. The employee does not complain of pain and his range of motion is 'good'. In summary, consistent with the findings of the utilization review, the employee is not documented to show that the employee would likely benefit from continued supervised physical therapy. Thus, additional supervised therapy is not medically necessary.