

Case Number:	CM14-0017081		
Date Assigned:	04/14/2014	Date of Injury:	01/30/2013
Decision Date:	05/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 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 patient is a 55 year old female with a reported date of injury on 1/30/13. The patient had undergone a right carpal tunnel release on 10/4/13 and progress note, as reported from UR denial, from 12/27/13 notes reflect progression of her symptoms including pain in the right hand, a sensitive scar, and swelling of the hand, as well as decreased sensation of the hand. A diagnosis of reflex sympathetic dystrophy was made. Plan was to have a pain management consult, as well as continued physical therapy. Hand therapy note from 12/31/13 is mostly illegible, but documents pain and hypersensitivity with therapeutic intervention of range-of-motion and scar treatment. Hand therapy note from 12/24/13 is mostly illegible, but documents pain that is constant and includes the shoulder, 'continues to be focused on the pain', and pain increases with use. A home program was reviewed; treatment included electrical stimulation. Limitations stated as questionable no change in functional use. Physical therapy note from 12/10/13 notes 'very focused on pain', pain is 10/10 with use and is affecting sleep. Treatment was administered. Assessment is poorly legible. Physical therapy note from 12/12/13 notes 'very focused on pain'. Treatment was administered. Assessment is poorly legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY 8 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS); Post-Surgical Treatment Guidelines Carpal tunnel surgery.

Decision rationale: The patient is noted to have undergone carpal tunnel surgery on 10/4/13. Physical therapy notes from December 2013 do not demonstrate legible evidence that the patient is benefiting from therapy. The MTUS Post-Surgical Treatment Guidelines, state, '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.' Additionally, the MTUS Postsurgical Guidelines state, 'If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.' Furthermore MTUS guidelines state, the treatment is as follows for carpal tunnel surgery: postsurgical treatment (open): 3-8 visits over 3-5 weeks; postsurgical physical medicine treatment period: 3 months. In this case, the patient is not well documented to be improving with therapy and thus further therapy would not be expected to benefit this patient. With respect to CRPS, the medical documentation reviewed does not provide support this diagnosis. Based on Chronic pain medical treatment guidelines, CRPS should be diagnosed based on clinical findings and exclusion of other diagnoses. This has not been adequately documented in the medical records reviewed. Even though physical therapy may be indicated for treatment of CRPS, the diagnosis has to be made first. The request for eight sessions of hand therapy is not medically necessary and appropriate.