

Case Number:	CM14-0112679		
Date Assigned:	09/22/2014	Date of Injury:	01/02/1963
Decision Date:	10/21/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 74 year-old with a reported date of injury of 01/02/1963. The patient has the diagnoses of bilateral carpal tunnel syndrome with bilateral carpal tunnel release surgery and right proximal row carpectomy and SLAC-II of the left wrist. Past treatment modalities have included injection therapy, physical therapy and carpal tunnel release surgery. Per the progress notes submitted for review by the primary treating physician dated 06/16/2014, the patient had the complaints of worsening left wrist pain and increased numbness in the right thumb. The physical exam noted pain with flexion and extension of the left wrist, tenderness to palpation and a positive Watson's test. There was decreased light touch at the tip of the right thumb with an equivocal carpal tunnel compression test and Phalen's test. The treatment plan recommendations included NCV of the right upper extremity to rule out carpal tunnel syndrome, left wrist injection and additional physical therapy for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HAND THERAPY 2X4 LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carpal tunnel syndrome Page(s): 15-16.

Decision rationale: The California chronic pain medical treatment guidelines section on physical therapy and carpal tunnel syndrome states: Recommended as indicated below. 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. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS. Post-surgery, a home therapy program is superior to extended splinting. (Cook, 1995) 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. Carpal tunnel syndrome: Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months the patient has already completed a course of physical therapy for the carpal tunnel syndrome. Any additional therapy would be in excess of the recommended amount of sessions per the California MTUS. The reasoning per the progress notes is that past physical therapy had proven beneficial. However there are no provided objective outcome measures to corroborate this subjective claim. There are also no reasons given why the patient's therapy could not be continued with a home exercise program. For these reasons the request Additional Hand Therapy 2x4 Left Wrist is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The ACOEM section on wrist complaints recommends NCV for median or ulnar impingement at the wrist after failure of conservative therapy. In this instance the patient reportedly has the diagnoses of right carpal tunnel syndrome in the past with carpal tunnel release surgery. At the time of the request, the patient had just begun to experience numbness in the right thumb. The physical exam showed some numbness at the tip of the thumb. There were no red flags per the documented physical exam. The patient already has the diagnoses of carpal tunnel syndrome in the past and the request was for NCV to see if there was recurrence. The patient had not been initiated on any sort of conservative therapy. For these reasons, ACOEM

criteria have not been met. Therefore the request NCV Right Upper Extremity is not medically necessary.