

Case Number:	CM14-0117270		
Date Assigned:	08/04/2014	Date of Injury:	07/09/2013
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational Medicine and is licensed to practice in California. 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 34-year-old female who has submitted a claim for Right Carpal Tunnel Syndrome associated with an industrial injury dated 7/9/2013. Medical records from April 2014 to July 2014 were reviewed, pain at both carpal tunnel sites, radial tunnel site, and basal joint area. On physical examination, there is tenderness at both carpal tunnel sites, radial tunnel site in addition to the thumb basal area. Neurologic exam is intact. There is pain with resisted wrist extension, middle finger extension, and forearm supination. Treatment to date has included right carpal tunnel release on 04/16/2014, physical therapy since 04/24/2014, right radial tunnel injections with lidocaine, Marcaine, and dexamethasone, and medications which include lidocaine patch and Nabumetone. It was also unclear why patient was not able to continue rehabilitation on a home exercise basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: As stated on page 17 of the CA MTUS Post-Surgical Treatment Guidelines for Carpal Tunnel Syndrome, 3-8 sessions of physical therapy over 3-5 weeks within the post-surgical period of 3 months may be prescribed. However, there is still limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. Benefits need to be documented after the first week. In this case, patient underwent right carpal tunnel release on 04/16/2014. The patient had completed 12 sessions of physical therapy since 04/24/2014, from progress notes provided. However, medical records submitted failed to show evidence of functional improvement from prior physical therapy sessions. Progress report from 06/26/2014 cited that according to therapist, patient had made significant but incomplete progress with therapy therefore additional 12 sessions of therapy were recommended. It was unclear why patient cannot transition into a self-directed home exercise program given the extensive therapy visits attended. Therefore, the request for PHYSICAL THERAPY #12 is not medically necessary.