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| Case Number: | CM14-0130791 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 01/16/2013 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 26 year old male with an injury date of 01/16/13. Based on the 07/28/14 progress report provided by [REDACTED], the patient complains of right hand pain. He is status post right carpal tunnel release 12/18/13. After completion of previous physical therapy, pain was reduced by over 30% and grip strength increase over 40%. EMG/NCV dated 03/19/13 revealed electrodiagnostic evidence of right carpal tunnel syndrome. Per QME report dated 06/03/14, physical examination to the hand reveals range of motion to the wrist to be intact. Phallen's, Tinel's signs and Durkan's signs are negative. There is no thenar atrophy or weakness, however there is right forearm atrophy. Grip strength to the right hand is reduced 45%. Physical therapy report dated 03/11/14 shows total of 6 visits. Diagnosis 06/03/14- contusion, right wrist and median nerve- status post carpal tunnel release surgery 12/18/13 Diagnosis 07/28/14- carpal tunnel syndrome [REDACTED] is requesting Physical therapy 2 x a week for 3 weeks. The utilization review determination being challenged is dated 08/04/14. The rationale is " 8 authorized post op visits, 6 authorized visits for occupational therapy, 18 authorized visits for chiropractic sessions. No examination findings pertaining to patient's current condition." [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 01/28/13 - 08/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical guides p15, Carpal Tunnel Syndrome Page(s): p15,.

Decision rationale: The patient presents with right hand pain. The request is for Physical therapy 2 x a week for 3 weeks, right hand. He is status post right carpal tunnel release 12/18/13. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks *Postsurgical physical medicine treatment period: 3 months . MTUS post-surgical guides p15, 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. Postsurgical treatment (open): 3-8 visits over 3-5 weeks *Postsurgical physical medicine treatment period: 3 months." Per physical therapy report dated 03/11/14, patient already had 6 visits. The request for additional 6 visits exceeds what is allowed by MTUS for post-operative carpal tunnel syndrome physical therapy. Given the above the request is not medically necessary.