

Case Number:	CM14-0139210		
Date Assigned:	09/05/2014	Date of Injury:	03/04/2013
Decision Date:	10/07/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 and is licensed to practice in Georgia. 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 28 year old female who was injured on 03/04/2013 due to excessive typing. The patient underwent right carpal tunnel release on 06/12/2014. Prior treatment history has included physical therapy, Voltaren, Norco, and shockwave treatment. Progress report dated 06/27/2014 states the patient complained of constant and moderate post-op right wrist and hand pain rated as an 8/10. She reported numbness and tingling since her surgery listed above. On exam, inspection of the right wrist revealed no abnormalities. She is diagnosed with status post right carpal tunnel release and left carpal tunnel syndrome. The patient has been recommended for 8 additional sessions of physical therapy. There are no physical therapy notes submitted for review. Prior utilization review dated 08/20/2014 states the request for Eight (8) physical therapy sessions for the right wrist and hand is not certified as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions for the right wrist and hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Physical Medicine Treatment

Decision rationale: The above ODG guidelines for carpal tunnel syndrome regarding physical medicine treatment state "There is limited evidence demonstrating effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 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... Post-surgical treatment: 3-8 visits over 3-5 weeks." In this case, the patient had CTS surgery on 6/12/14. Progress note from 6/18/14 states "I advise her to return after one week to remove the rest of the stitches and inspect the wound. If she is ready by that time, my recommendation is for her to begin the occupational therapy or physical therapy for the right hand." Progress note from 6/27/14 exam shows "sutures were removed... Authorization is requested for return appointment on July 28, 2014 and postop physical therapy for the right wrist." There is no clear documentation of prior PT sessions, and thus the patient can be indicated 3-8 visits post-surgically. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.