

Case Number:	CM14-0150662		
Date Assigned:	09/18/2014	Date of Injury:	02/15/2011
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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, Virginia, and 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 57 year old female with a reported date of injury on 2/15/11 who requested additional physical therapy for the bilateral hands and wrists. She is noted to have bilateral carpal tunnel syndrome, with previous right-sided release at an unspecified date and right long finger trigger release on 7/11/14. Documentation from 3/20/14 notes approval for six physical therapy visits following right carpal tunnel release. Assessment is carpal tunnel syndrome and chronic pain syndrome. Plan is to request laser treatment for scarring of the right palm and to continue medications, bracing, home exercises, and commonsense precautions in activities. Progress report dated 4/21/14 notes bilateral carpal tunnel syndrome and right long finger triggering. The right carpal tunnel is progressing well postoperatively. The left carpal tunnel will require release once the right side has improved. Progress report dated 5/19/14 notes the patient with pain of the right hand overlying the A-1 pulley of the long finger and base of the palm at the carpal tunnel release that has been chronic since her injury on 2/12/11. Alleviating factors include prescription meds, bracing at night, transcutaneous electrical nerve stimulation (TENS) and using left hand more. Frequency is constant. Severity is 3/10 at least and 7/10 at worst. It affects her sleep and is aggravated by use. She also complains of pain of the left base of the palm and volar wrist that has been chronic since her injury on 2/12/11. Alleviating factors include prescription meds, bracing, rest, TENS and stopping activity. Frequency is constant. Severity is 3/10 at least and 7/10 at worst. It affects her sleep and is aggravated by use. Medications include Norco among others. Symptoms are increasing in both hands despite treatments. Examination on the right notes marked triggering of the long finger with moderate tenderness of the A-1 pulley, moderate induration and slight tenderness at the base of palm scar, and grasp is moderately weak. Range of motion is reported as Ext 30, Flex 50, UD 20 and RD 10. Examination on the left notes tenderness of the volar mid wrist extending to the junction of

the thenar and hypothenar eminences, slight swelling as compared to the right and grasp is moderately weak. Range of motion is reported as Ext 40, Flex 60, UD 30 and RD 20. Assessment is right carpal tunnel symptoms are decreasing but is developing fibrosis at the base of the palm that may require laser treatment. The right long finger requires trigger release. The left carpal tunnel syndrome will be observed and will continue medications, activity modification and bracing. Physical therapy times 8 has been approved for the right hand/wrist and left shoulder. Progress report dated 6/30/14 notes patient with painful right long finger triggering and plans for surgical release on 7/11/14. Examination of the right wrist/hand notes long finger triggering. Right wrist range of motion is reported as Ext 30, Flex 50, UD 30 and RD 10. Grasp is mildly weak secondary to pain. Progress report dated 7/9/14 notes the patient with painful right long finger triggering and plans for surgical release on 7/11/14. Operative note from 7/11/14 documents surgical release of the A-1 pulley of the right long finger. Progress report dated 7/14/14 notes the patient is seen following release of her right long finger trigger finger. She will require physical therapy which will be requested at the next clinic visit and should begin range of motion. Progress report dated 7/23/14 notes the patient is seen following release of her right long finger trigger finger. She requires physical therapy 2 times per week for 6 weeks to increase strength, flexibility, range of motion and stamina. Progress report dated 7/30/14 notes the patient with pain in the left volar wrist with severity least 3/10 and worst 5/10, causing sleeplessness, and aggravated with use. The right wrist reveals pain in the palm of the hand with severity least 3/10 and worst 6/10, causing sleeplessness, frequency is almost constant, aggravated by use, lessened by prescription meds, rest, stretching, ice, heat, bracing, and activity modification and slowly improving. Examination of the left hand and wrist notes tenderness of the dorsal and volar wrist, Finkelstein negative, passive range of motion as Ext 50, Flex 70, UD 20 and RD 10. Grasp is slightly weak. Guyon's canal testing is negative and there is A-1 pulley tenderness. Examination of the right wrist reveals prior carpal tunnel release scar with moderate induration, slight tenderness in the volar aspect of the wrist, Finkelstein negative, range of motion reported as Ext 40, Flex 60, UD 30 and RD 10, carpal Tinel's is slightly positive, moderate tenderness of the thumb without triggering, The ring digit at the A-1 pulley is moderately tender without triggering and grasp is moderately weak. The right carpal tunnel is showing a progressive decrease in symptoms, however with continued scarring laser treatment is recommended. The long digit triggering has not recurred since surgery. The left carpal tunnel syndrome will be kept under observation as she recovers from the right. Medications, activity modification, pacing and bracing will be continued. 'There is a problem with the postoperative rehabilitation for the carpal tunnel based on the insurance company's denial of the previously approved six physical therapy visits.' 'She requires physical therapy for the carpal tunnel and the trigger digit release.' Documentation from 8/4/14 notes right trigger finger pain that is constant with severity least 3/10 and worst 5/10, causes sleeplessness, aggravated by use and relieved with prescription meds, rest, exercise, ice, heat and use of a splint. Examination notes well-healed scar at the base of the middle finger with mild tenderness. She continues with a home exercise program until physical therapy has begun. Documentation from 8/18/14 notes follow-up. She has been attending physical therapy, which has been beneficial. She has discomfort over the dorsal aspect of the long finger. She continues exercises to increase range of motion and strengthening of the right long finger and hand. Assessment is carpal tunnel syndrome, chronic pain and trigger finger. She is noted to require additional physical therapy at 2 times per week for 4 weeks. She is to continue commonsense precaution in all activities. Documentation from 8/21/14 notes the patient is seen in follow-up of lower extremity radicular pain and low back pain. Documentation from 8/25/14 notes pain at the base of the right palm and third digit, with frequency intermittent, severity least 3/10 and worst 5/10, causing sleeplessness, aggravated with use and lessened with prescription meds,

ice, heat, bracing, activity modification, strengthening and stretching. She is currently attending physical therapy. On the left side, there is pain at the volar aspect of the wrist with frequency almost constant, severity least 3/10 and worst 5/10, causing sleeplessness, aggravated with use and lessened with prescription meds, ice, heat, bracing, activity modification, and stretching. Symptoms are increasing due to compensation for the right upper extremity secondary to surgery on the right. Examination of the right wrist reveals a scar with moderate fibrosis at the base of the palm. Definite tenderness is present at the base of the palm and less at the trigger finger release. Range of motion is reported as Ext 30, Flex 60, UD 30 and RD 10 with grasp slightly weak. Carpal's Tinel's is positive. Examination of the left hand reveals tenderness at the base of the wrist and palm, Range of motion is reported as Ext 50, Flex 70, UD 30 and RD 10 with grasp moderately weak. Carpal, cubital and Guyon's Tinel's testing are negative. The plan is to progress with physical therapy. Documentation from 9/3/14 notes right middle finger pain that is constant, severity least 3/10, worst 6/10, causing sleeplessness, aggravated with use and decreased with prescription meds, rest, ice, heat, bracing and activity modification. Medications include Fioricet and Norco. Examination notes right hand with well-healed incisions, mild fibrosis in the trigger thumb release scar, carpal tunnel testing is positive, range of motion is flex 60, Ext 30, UD 30 and RD 15 and grasp is weak. Assessment is carpal tunnel syndrome, chronic pain syndrome, and trigger finger. Plan is awaiting authorization for laser treatments of the right hand, continue physical therapy and commonsense precaution in all activities. Utilization review dated 9/11/14 did not certify physical therapy times 8 to the bilateral wrists and hands. Reasoning given was that 'With limited information regarding the claimant's progress and number of physical therapy sessions completed to date, the medical necessity of additional sessions of physical therapy is not established.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 8 sessions for the bilateral hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22, 15, 16.

Decision rationale: The patient is a 57 year old female with documented bilateral carpal tunnel syndrome with previous right sided release and right long finger trigger finger with surgical release on 7/11/14. The exact date of the right carpal tunnel release is not specified, but based on the medical records provided it was at least prior to 3/20/14. Thus, based on the guidelines for carpal tunnel surgery with a 3 month treatment period, this has been exceeded. In addition, as stated below, 'carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery.' With respect to trigger finger release, postsurgical treatment guidelines note 9 visits over 8 weeks with a treatment period of 4 months. The patient is still within the treatment period, but it is unclear, as stated in the utilization review, exactly how many physical therapy visits that the patient has already attended. No documentation is provided from the physical therapy visits. In addition, there is insufficient detail with respect to an improvement in functional status related to the continued physical

therapy to justify further therapy. Finally, there is not sufficient justification for formal physical therapy on the left side. The patient is documented to have worsening symptoms due to compensation from the right side. However, the response to previous formal therapy on the left side has not been documented to warrant further formal physical therapy. An evaluation of the left hand and wrist is not documented from the most recent progress note dated 9/3/14. Thus, additional physical therapy times 8 sessions for the bilateral hands/wrists should not be considered medically necessary.

