

Case Number:	CM14-0151210		
Date Assigned:	09/19/2014	Date of Injury:	01/05/2013
Decision Date:	10/20/2014	UR Denial Date:	09/10/2014
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 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 55-year-old with a reported date of injury of 01/15/2013. The patient has the diagnoses of sprain of the neck, carpal tunnel syndrome and shoulder sprain. Previous treatment modalities have included right carpal tunnel release surgery on 06/20/2014. Per the most recent progress notes provided for review by the primary treating physician dated 07/21/2014, the patient had complaints of lack of assistance at home. The patient reports not being able to perform activities of daily living (ADL's) without the assistance of friends. The physical exam noted a well-healed surgical site without infection, full flexion and no further right sided paresthesias. The treatment plan recommendations included continuation of home exercise program and consideration of surgery for the left carpal tunnel at the next office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 to the right 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 post 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). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) 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 (ICD9 354.0): 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 undergone carpal tunnel release on 06/20/2014. The request is for physical therapy post operatively for the right wrist. The California MTUS states that 3-8 visits of physical therapy post-surgery are recommended. The request however is for additional physical therapy outside the occupational therapy of 8 visits that had been certified on 04/14/2014. This would be in excess of the recommended physical therapy session per the California MTUS. The provided progress notes provide no indication why additional therapy would be indicated especially since the most recent progress notes shows no abnormalities on the physical exam. For these reasons the request is not medically necessary.