

Case Number:	CM14-0154957		
Date Assigned:	09/25/2014	Date of Injury:	12/21/2009
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 45 year old female with a reported date of injury on 12/21/2009 who requested authorization for postoperative physical therapy 3 times per week for 4 weeks. She has a history of bilateral carpal tunnel syndrome and left carpal tunnel release. Documentation from 8/11/14 notes signs and symptoms of right carpal tunnel syndrome that had failed conservative management. She was certified for right carpal tunnel release, but not the postoperative physical therapy, 3x/week x 4 weeks. Utilization review dated 8/26/14 did not certify the post-op physical therapy 3 times a week for 4 weeks of the right wrist as this exceeded the current guidelines for initial therapy following carpal tunnel release. The certification was modified to a total of 4 therapy visits over 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 times a week for 4 weeks, right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.10.

Decision rationale: The patient is a 45 year old female who was certified for right carpal tunnel release; however, the post-op physical therapy 3 times a week for 4 weeks, right wrist was not certified. Based on Post-Surgical Treatment Guidelines Carpal Tunnel Syndrome, page(s) 15-16, the requested number of visits requested exceeds the guidelines as stated below. Specifically, the guidelines state 3-8 visits over 3-5 weeks, with an initial treatment consisting of half the number of total allowed visits as stated from page 10. Thus, the requested Post-op physical therapy 3 times a week for 4 weeks, right wrist should not be considered medically necessary as this exceeds the guidelines. Carpal Tunnel Syndrome: 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 From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section.