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| Case Number: | CM14-0164330 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 08/13/2007 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 53-year-old female with a reported date of injury on 8/13/07 who had undergone left carpal tunnel release on 6/17/14. Progress report dated 7/29/14 notes evaluation of a painful condition about the neck, left shoulder, left hand and left wrist. She continues to have sharp pain of the left hand. She has improved numbness. She continues to have mild tingling of the left hand as well as weakness. She continues to have pain and spasm to the neck with radiating pain to the left shoulder. Examination notes paraspinal tenderness and spasm is noted of the left neck and trapezius. ROM (range of motion) of the neck is documented. Left hand incision site is well-healed. Tenderness is present over the incision. Mild swelling is noted. The patient is able to make a full fist and has full extension of the fingers. Diagnoses include degenerative disc, cervical spine with strain and carpal tunnel release of the left hand. Plan is for continued physical therapy 3x4 of the left hand and continued medications as needed. Physical therapy note dated 8/19/14 is documented to be visit number 9. Request for authorization for physical therapy for left carpal tunnel syndrome is dated 7/23/14. Progress report dated 6/30/14 notes the patient is 2 weeks from left carpal tunnel release. She has a painful condition about the neck, left shoulder, left hand and left wrist. She has improvement in her pain, numbness and tingling of the left hand. She continues to have pain and spasm to the neck with radiating pain to the left shoulder. Examination notes paraspinal tenderness and spasm is noted of the left neck and trapezius. ROM of the neck is documented. Examination of the left hand reveals a healing incision site. She is able to make a full fist and extends all fingers completely. There is diminished sensation to the thumb, index and middle fingers. Strength is 5/5 of the left hand, wrist and elbow. Diagnoses include degenerative disc, cervical spine with strain and carpal tunnel release of the left hand. Plan is for re-request physical therapy 3x4 of the left hand and continued medications as needed. Utilization review mentions an evaluation dated 8/26/14

which was not available for this review. The reviewer noted no difference in clinical assessment as compared to evaluation from 7/29/14. Utilization review dated 9/17/14 did not certify therapeutic exercises as there is no indication that the physical therapy is for proximal upper extremity/neck complaints. Thus, the consideration was based on post-operative treatment following carpal tunnel release. There had been no documentation of specific functional improvement and the treatment period of 3 months had been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises: Upheld

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

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

Decision rationale: The patient is a 53-year-old female who underwent left carpal tunnel release on 6/17/14. In addition, she has chronic pain of the neck and left upper extremity. Based on the medical records reviewed (although the evaluation from 8/26/14 was not provided for this review), the relevant guidelines are related to the left carpal tunnel release. There is no indication that the request is for treatment of chronic pain of the neck and/or proximal left upper extremity. Relevant guidelines from Postsurgical Treatment Guidelines regarding Carpal Tunnel Syndrome (CTS), pages 15-16, are as follows: physical therapy following carpal tunnel release is 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. For CTS: postsurgical treatment (endoscopic or open): 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. The patient has completed 9 therapy visits already, which exceeds the recommendations. The overall treatment period of 3 months has been completed. In addition, there is not sufficient medical documentation of functional improvement to warrant further therapy outside the guidelines. Thus, the request should not be considered medically necessary.