

Case Number:	CM14-0185150		
Date Assigned:	11/12/2014	Date of Injury:	05/12/2004
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 5/12/04 who requested post-operative physical therapy for the left wrist. The patient had undergone left carpal tunnel release on 6/30/14. Progress report dated 7/11/14 noted that the patient was seen in follow-up of left carpal tunnel release. Treatment plan was for ace wrap, ice and elevation. She will continue Vicodin and Naproxen and will request PT. On 7/15/14 the patient was certified for 8 physical therapy visits. Progress report dated 8/28/14 notes a chief complaint of left wrist pain. Examination notes limitation in range-of-motion, numbness and decreased grip strength of the left hand. Treatment plan is for PT of the left wrist and hand. Hand therapy documentation dated 9/2/14 noted visit 1/12. The patient received manual therapy and combo therapy. A home exercise program was initiated. Hand therapy documentation from 9/25/14 noted visit 8/8. She is noted to still have weakness. A recommendation was made for a couple more visits to decrease sensitivity and increase strength. Progress report dated 9/26/14 notes improving left wrist pain and numbness. Grip strength is 7 pounds on the left side. Recommendation is made to continue PT/OT. Documentation from 11/7/14 notes the patient had completed occupational therapy of the left wrist and feels her symptoms are resolved. UR review dated 10/9/14 did not certify post-operative physical therapy of the left wrist that had been requested. Reasoning given was that 'There were no significant documented correctible deficits for which physical therapy would be indicated or by which progress might be assessed. Extensive therapy is not required after carpal tunnel release.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker is had undergone left carpal tunnel release on 6/30/14. She is documented to have completed 8 physical therapy visits and at the time of the request her overall treatment period was approximately 3 months. Based on the recommendations from post-surgical treatment guidelines with respect to carpal tunnel (as outlined below), further physical therapy would exceed the guidelines. As stated, 'There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome).' There could be extenuating circumstances that could allow for further physical therapy, but this does not appear to be justified. A home exercise program had been initiated and further instruction with strengthening and scar treatment should satisfy the patient's needs. Further, as documented from 11/7/14, the patient reports resolution of her symptoms. Thus, further physical therapy should not be considered medically necessary. From Post-Surgical Treatment Guidelines with respect to carpal tunnel: 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 [REDACTED]): 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.