

Case Number:	CM14-0186151		
Date Assigned:	11/14/2014	Date of Injury:	06/24/2011
Decision Date:	12/22/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 64-year-old male who reported injury on 06/24/2011. The mechanism of injury was noted to be a car accident with a rollover. The documentation of 05/15/2014 revealed the injured worker was utilizing Ultram, Tylenol and Voltaren. The surgical history was not provided. The injured worker indicated his neck pain was constant and radiated to his bilateral shoulders and continued down his arms with associated numbness and tingling in the bilateral hands. The documentation further stated that the injured worker had undergone an EMG and NCV on 05/15/2012 which identified moderate bilateral carpal tunnel syndrome, right more than left without evidence of cervical radiculopathy. The physical examination of the left wrist revealed decreased sensation to the radial fingers. The Tinel's and Phalen's were positive as was the carpal compression test. The diagnoses included bilateral carpal tunnel syndrome associated with flexor tendon tenosynovitis and median nerve impingement. The treatment plan included documentation indicating the injured worker had previously had a carpal tunnel condition and one that he must live with or undergo surgery because physical therapy and cortisone injections the physician opined do not solve the problem. The treatment plan included a carpal tunnel surgery of the left wrist followed by the right wrist. There was a request for authorization submitted dated 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy two times a week for six weeks for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15, 16.

Decision rationale: The Postsurgical Treatment Guidelines indicate that the treatment for carpal tunnel syndrome is 3 to 8 visits over 3 to 5 weeks and the initial course of therapy is half the recommended number of therapy sessions. The request would be excessive. Additionally, there was a lack of documentation indicating the surgical procedure had been approved. The request for associated surgical services: postoperative physical therapy 2 times a week for 6 weeks for the left wrist is not medically necessary.