

Case Number:	CM14-0022516		
Date Assigned:	05/12/2014	Date of Injury:	03/22/2012
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 has specialty in Hand 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 50 year old female with a reported date of injury on 3/22/12 who had undergone left carpal tunnel release on 12/9/13. Documentation from the surgeon on 12/18/13 notes patient has improvement in her pain of the left hand after carpal tunnel release. Examination notes healing of the incision and active flexion and extension of the digits. Plan was to begin physical therapy. Initial therapy of 12 visits was approved with starting date of 12/9/13 and ending date of 1/31/2014. Physical therapy documentation from 1/10/14 notes patient seen for her initial visit after surgery on the left wrist. Documentation from 1/15/14 notes increased pain and swelling of the hand. She has been undergoing physical therapy and a home exercise program. Examination notes a mild amount of hyperemia and healing without infection of her incision. She has active flexion and extension of the fingers and can actively oppose her thumb. Sensory is intact to light touch in first dorsal webspace, small finger and index finger. The plan is to continue physical therapy and home exercise program. He is recommending additional physical therapy (2x6) 'so that she does not run out by the time she sees me at her next visit.'

Documentation from 1/15/14 physical therapy notes 2nd of 12 visits. Documentation from 1/28/14 physical therapy notes visit 5 of 12. The note is mostly illegible but documents sensitive left wrist with flattening of the scar and improving motion. Physical therapy note dated 1/30/14 as visit 6 of 12 documents ongoing wrist sensitivity, bilateral wrists awaken patient at night. Plan was for continued mobility and light strengthening. Utilization review dated 1/31/14 did not certify additional post-op physical therapy of the left hand 2 times per week for 6 weeks. Two additional sessions were certified. Reasoning given was that the claimant had completed 12 therapy sessions but continues to have pain, weakness and swelling. Two additional sessions are recommended in order to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP PHYSICAL THERAPY FOR THE LEFT HAND (2 X 6):

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 50 year old female who had undergone left carpal tunnel release on 12/9/13. She is documented to have begun physical therapy on 1/10/14. The patient was seen on 1/15/14 by the treating surgeon and his rationale for continued physical therapy was so that she would not run out of visits prior to her next follow-up visit. Although he documents increasing pain and swelling of the left hand, the patient had only begun physical therapy on 1/10/14. This is not sufficient rationale for an additional 12 visits. The physical therapy end date on the initial approval was 1/31/14. By this time the patient had completed 6 therapy visits. From Post-Surgical Treatment Guidelines for Carpal Tunnel Syndrome the following is stated: 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. The patient has already received 6 visits and based on the last physical therapy evaluation 2 more visits is reasonable which would satisfy the maximum of 8 visits as recommended above. An additional 12 visits is not medically necessary based on the guidelines and considering the rationale provided by the requesting surgeon 'so that she does not run out by the time she sees me at her next visit.' In addition, the patient had only just begun her therapy. As stated above continued visits should be contingent on documentation of objective improvement, which is lacking for this patient based on the latest evaluation by the treating surgeon. In summary, 12 additional visits of physical therapy are not medically necessary.