

Case Number:	CM14-0023944		
Date Assigned:	06/11/2014	Date of Injury:	12/19/2012
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 44-year-old female who reported an injury on 12/19/2012 secondary to an unknown mechanism of injury. Her diagnoses include left carpal tunnel syndrome. The injured worker underwent a left carpal tunnel release on 02/20/2014. She was prescribed a durable medical equipment sling and topical flurbiprofen gel postoperatively. She was also recommended for postoperative physical therapy. According to the initial physical therapy evaluation dated 03/20/2014, the injured worker was noted to have 40 degrees of active left wrist flexion and 30 degrees of active left wrist extension. She was also noted to have 2/5 strength with left wrist flexion and extension. At a clinical visit on 04/07/2014, the injured worker reported "doing better with her physical therapy treatment program for the left hand." On that date, range of motion of the left wrist was noted to be "mildly decreased." At the most recent clinical visit on 05/12/2014, the injured worker reported postoperative left wrist and hand pain with associated swelling and occasional numbness and tingling. On physical examination, the injured worker was noted to have "mildly decreased" range of motion of the left wrist with tenderness over the incision. The injured worker was recommended for continued physical therapy for the left wrist and a refill of the flurbiprofen cream. A Request for Authorization was submitted on 05/12/2014 for physical therapy and flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DURABLE MEDICAL EQUIPMENT SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The request for a postoperative durable medical equipment sling is not medically necessary. The injured worker underwent a left carpal tunnel release on 02/20/2014. The California MTUS/ACOEM Guidelines state that 2 prospective studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. The guidelines also state that splinting the wrist beyond 48 hours following a carpal tunnel release may be largely detrimental, especially compared to a home therapy program. There is insufficient scientific evidence to support the use of a sling postoperatively following a carpal tunnel release. As such, the request for a postoperative durable medical equipment sling is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY FOUR (12) VISITS: 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 request for postoperative physical therapy for 12 visits is not medically necessary. The injured worker underwent a left carpal tunnel release on 02/20/2014. According to the medical records submitted for review, the injured worker began postoperative physical therapy on 03/20/2014. The request as written does not indicate that this is a retrospective request. The California MTUS Postsurgical Treatment Guidelines may recommend an initial trial of postoperative physical therapy following a carpal tunnel release. These guidelines state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The injured worker reported "doing better" with physical therapy. According to the most recent clinical note, her range of motion of the left wrist was noted to be "mildly decreased." There is a lack of documented evidence to indicate that the injured worker has achieved significant functional improvement with regards to specific strength and range of motion values. Therefore, it cannot be determined that the injured worker would benefit significantly from continued postoperative physical therapy. Additionally, the guidelines recommend a total treatment period of up to 8 postoperative physical therapy visits for the postsurgical treatment of carpal tunnel syndrome. The medical records submitted for review failed to provide detailed information regarding the number of physical therapy visits already completed. A request for 12 postoperative physical therapy visits is excessive according to the evidence-based guidelines for treatment duration. In the absence of documented evidence of functional improvement and based on the guideline recommendations for treatment duration, the necessity of 12 visits of postoperative physical therapy has not been established. As such, the request for postoperative physical therapy for 12 visits is not medically necessary.

TRANSPORTATION TO AND FROM SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Transportation (to & from appointments).

Decision rationale: The request for transportation to and from surgery is not medically necessary. The injured worker underwent a left carpal tunnel release on 02/20/2014. The request as written does not indicate that this is a retrospective request. The documentation submitted for review fails to indicate that the injured worker will be undergoing an additional surgery. The medical records also failed to provide a clear rationale for the necessity of transportation to and from a surgical procedure. The Official Disability Guidelines may recommend transportation to and from appointments when the injured worker is noted to have disabilities preventing them from self-transport. There are no exceptional factors documented to indicate that the injured worker is unable to transport herself or to arrange transportation with a friend or family member. As such, the request for transportation to and from surgery is not medically necessary.

FLURBIPROFEN 20%GEL, 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for flurbiprofen 20% gel 120 gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The injured worker underwent a left carpal tunnel release on 02/20/2014, and she was prescribed topical flurbiprofen postoperatively. At the most recent clinical visit, the injured worker was recommended for a refill of flurbiprofen cream. There was a lack of recent documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of flurbiprofen. Therefore, it cannot be determined that the injured worker would benefit significantly from the continued use of flurbiprofen. Furthermore, the request as written does not include a frequency or quantity, and it cannot be concluded that the medication request allows for timely reassessment of medication efficacy. As such, the request for flurbiprofen 20% gel at 120 gm is not medically necessary.