

Case Number:	CM14-0027008		
Date Assigned:	06/20/2014	Date of Injury:	10/02/2011
Decision Date:	08/04/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 46-year-old female with a reported date of injury on 10/02/2011. The mechanism of injury was reportedly caused by repetitive use. The injured worker presented with the chief complaint of bilateral hand numbness and tingling for over 10 years. Previous conservative care included physical therapy, acupuncture, braces, and injections, the results of which were not provided within the documentation available for review. Upon physical examination, the injured worker's bilateral hand present with positive Tinel's and positive compression sign bilaterally. The electrodiagnostic study and nerve conduction study done in 2012 were consistent with bilateral carpal tunnel syndrome. The injured worker was being scheduled for arthroscopic right carpal tunnel release. The medication regimen was not provided within the documentation available for review. The request for authorization for 24 postoperative sessions of physical therapy was submitted on 02/28/2014. The physician indicated that 24 physical therapy sessions were requested postoperatively to restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 POST OPERATIVE SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, CARPAL TUNNEL SYNDROME.

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy for postoperative carpal tunnel syndrome is recommended. There is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. The request for 24 postoperative sessions of physical therapy exceeds the recommended guidelines. Therefore, the request for 24 post-operative sessions of physical therapy is not medically necessary.