

Case Number:	CM14-0029082		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2013
Decision Date:	07/31/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 66 year old female who reported a date of injury on 06/05/2013 due to an unknown mechanism. The injured worker underwent surgery on 09/20/2013 for a right open carpal tunnel release. Postoperative examination on 11/11/2013 revealed slight decreased sensation at the tips of the index finger, long finger and thumb. The injured worker has normal range of motion of the left elbow. Tinel's sign is positive at the medial aspect of the left elbow. There was tenderness to palpation over the left forearm. Tinel's sign is positive at the left wrist. Phalen's sign is positive at the left wrist. There was evidence of thenar atrophy in the left hand. It was decided at that time that the injured worker was to continue physical therapy for the right carpal tunnel release postoperative surgery and to take naproxen 2 times daily as needed for pain and to return in 6 weeks for another evaluation. It was reported on the physical therapy progress notes that physical therapy was to the left wrist. The injured worker had 12 visits of physical therapy. The injured worker, on 12/27/2013, had a carpal tunnel release of the left wrist. The injured worker's medications were glipizide, metformin, simvastatin, lisinopril, Zestril, atenolol, low dose aspirin, Percocet, Motrin and omeprazole. Diagnoses for the injured worker were type II diabetes, dyslipidemia, hypertension, severe right carpal tunnel syndrome status post open release as well as severe left carpal tunnel syndrome. Treatment plan for the injured worker was for an additional 12 sessions of occupational therapy and take naproxen two times daily as needed for post-operative pain. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of Occupational Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s)98,99 Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The injured worker had 12 visits of physical therapy for her wrist postoperatively. The MTUS Guidelines states if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. 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 a 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. Continued visits should be contingent on documentation of objective improvement, VAS score improvement of greater than 4, 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. It was not reported that the injured worker is participating in an at-home exercise program. The recommended number of visits for postsurgical carpal tunnel release is 3 to 8 visits over a 3 to 5 week period. The rationale was not reported in the documents submitted. It was not reported as to what pain medications the injured worker was taking postoperatively. Previous physical therapy reports documenting functional improvement and measurable gains were not submitted. Therefore, the request is not medically necessary and appropriate.