

Case Number:	CM14-0029251		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2011
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 an injury on 05/02/2011. The mechanism of injury was not provided for clinical review. The diagnosis included bilateral carpal tunnel syndrome, right shoulder impingement syndrome, partial tear of the rotator cuff, and left shoulder impingement syndrome. Previous treatments include medication. Clinical note dated 01/20/2014 reported the injured worker complained of bilateral shoulder pain and bilateral head pain and numbness. Upon the physical examination, the provider noted the range of motion of the bilateral shoulders and forward flexion was at 0 to 170 degrees and external rotation at 0 to 40 degrees. The injured worker had a positive Hawkins sign for impingement with weakness with abduction testing. The provider indicated the injured worker had a positive Tinel's sign for carpal tunnel syndrome on the bilateral hands. The provider noted they were pending authorization for surgery to the right carpal tunnel. The provider requested for postoperative physical therapy of the right wrist. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Initial Post-operative Physical Therapy sessions for the Right Wrist: Upheld

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

[https://www.acoemproguides.org/hand and wrist](https://www.acoemproguides.org/hand%20and%20wrist); Table 2, Summary of Recommendations; Hand and Wrist Disorders.

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

Decision rationale: The injured worker complained of bilateral shoulder pain and bilateral hand pain and numbness. The California MTUS Postsurgical Treatment Guidelines note there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for 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 guidelines note for carpal tunnel postsurgical treatment 3 to 8 visits over 3 to 5 weeks, postsurgical physical medicine treatment period of 3 months. Initial course of therapy means 1 half of the number of visits specified in the general course of therapy for specific surgery in the postsurgical physical medicine treatment recommendations. Additionally, there is a lack of documentation indicating the injured worker has undergone this surgery. Therefore, the request of eight (8) Initial Post-operative Physical Therapy sessions for the Right Wrist is not medically necessary and appropriate.