

Case Number:	CM14-0033707		
Date Assigned:	06/20/2014	Date of Injury:	11/22/2009
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Reconstructive 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 60 year old male with a reported date of injury on 11/22/09 from repetitive injury who requested authorization for bilateral carpal tunnel release, right thumb and left index finger A-1 pulley release and post-operative therapy 2 x 6 with a modified certification on 2/21/14. He had previously undergone bilateral carpal tunnel release and possible previous trigger finger release. Documentation from 2/11/14 notes signs and symptoms of bilateral recurrent carpal tunnel syndrome that has failed conservative measures. Documentation from 1/21/14 notes signs and symptoms of bilateral recurrent carpal tunnel syndrome with confirmatory electrodiagnostic studies from 10/10/13. Plan was for conservative measures to include splints, physical therapy and medications. Utilization review dated 2/21/14 certified the requested surgical procedures and modified the physical therapy from 2 x 6 to 2 x2 then 1 x2 based on CAMTUS postop guidelines. (Following certification above, he is noted to have undergone right carpal tunnel release as well as right thumb trigger finger release on May 30th, 2014. Documentation on 3/28/14 notes the patient is seen in follow-up of left hand surgery. Request was made for postoperative physical therapy of 2 x 4. Documentation from 3/17/14 notes follow-up of left hand surgery and request for postoperative physical therapy of 3 x 4. He is noted to have undergone left carpal tunnel release and left index finger trigger release on 3/11/14.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG hand/wrist and carpal tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 22.

Decision rationale: The postsurgical guidelines address both carpal tunnel surgery and trigger finger release. From postsurgical treatment guidelines, page 15-16 with respect to carpal tunnel surgery: 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. Thus, a request for postoperative physical therapy 2 times per week for 6 weeks exceeds the recommendations for either surgery. Thus, this cannot be considered medically necessary and appropriate.