

Case Number:	CM14-0037334		
Date Assigned:	06/27/2014	Date of Injury:	01/10/2013
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 and is licensed to practice in California. 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:

This 42 year-old patient sustained an injury on 1/10/13 while employed by [REDACTED]. Request(s) under consideration include Post-op acupuncture 2 x 6 and Post-op physical therapy (PT) 3 x 4. Report of 2/7/14 from the provider noted the patient with continues pain in the right wrist. Diagnoses include Carpal Tunnel Syndrome; Lumbago; lumbosacral intervertebral disc degeneration and displacement without myelopathy. Request(s) for Post-op acupuncture 2 x 6 was non-certified and Post-op physical therapy (PT) 3 x 4 was partially-certified for 5 sessions on 2/26/14 citing guidelines criteria and lack of medical necessity. Report of 3/25/14 from nurse practitioner for the provider noted the patient has scheduled right carpal tunnel release surgery for 4/2/14. The report noted AME report of 8/14/13 and is currently being treated under future medical. Medications list Ibuprofen, Flexeril, and Omeprazole. Exam noted positive Durkin's, Tinel's, Phalen's, and flattening of themar prominences and positive cup sign; otherwise no range of motion or strength of muscles were recorded. It was noted 2 EMG/NCV studies have been done on 11/4/13 and 3/20/14 noting bilateral carpal tunnel syndrome. Treatment plan noted clearance obtained for right CTR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post - op acupuncture 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This 42 year-old patient sustained an injury on 1/10/13 while employed by [REDACTED]. Request(s) under consideration include Post-op acupuncture 2 x 6 and Post-op physical therapy (PT) 3 x 4. Report of 2/7/14 from the provider noted the patient with continues pain in the right wrist. Diagnoses include Carpal Tunnel Syndrome; Lumbago; lumbosacral intervertebral disc degeneration and displacement without myelopathy. Request(s) for Post-op acupuncture 2 x 6 was non-certified and Post-op physical therapy (PT) 3 x 4 was partially-certified for 5 sessions on 2/26/14 citing guidelines criteria and lack of medical necessity. Report of 3/25/14 from nurse practitioner for the provider noted the patient has scheduled right carpal tunnel release surgery for 4/2/14. The report noted AME report of 8/14/13 and is currently being treated under future medical. Medications list Ibuprofen, Flexeril, and Omeprazole. Exam noted positive Durkin's, Tinel's, Phalen's, and flattening of themar prominences and positive cup sign; otherwise no range of motion or strength of muscles were recorded. It was noted 2 EMG/NCV studies have been done on 11/4/13 and 3/20/14 noting bilateral carpal tunnel syndrome. Treatment plan noted clearance obtained for right CTR. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after surgery for home exercise program education, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has 5 PT authorized sessions certified without fading of treatment to an independent self-directed home program noted. There is no recommendation per guidelines regarding acupuncture treatment for post-operative carpal tunnel release without report of complications or extenuating circumstances. Although guidelines note use of acupuncture as an optional adjunct to physical rehabilitation for surgical intervention to hasten functional recovery, an initial 3-4 session is advised with further consideration pending functional improvement. Submitted reports have not adequately demonstrated indication, extenuating circumstance, or surgical complexity with complication to support for 12 post-op acupuncture visits. The Post - op acupuncture 2 x 6 is not medically necessary and appropriate.

Post operative physical therapy (PT) 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Carpal Tunnel Syndrome Page(s): 6.

Decision rationale: This 42 year-old patient sustained an injury on 1/10/13 while employed by [REDACTED]. Request(s) under consideration include Post-op acupuncture 2 x 6 and Post-op physical therapy (PT) 3 x 4. Report of 2/7/14 from the provider noted the patient with continues pain in the right wrist. Diagnoses include Carpal Tunnel Syndrome; Lumbago; lumbosacral intervertebral disc degeneration and displacement without myelopathy. Request(s) for Post-op acupuncture 2 x 6 was non-certified and Post-op physical therapy (PT) 3 x 4 was partially-certified for 5 sessions on 2/26/14 citing guidelines criteria and lack of medical necessity. Report of 3/25/14 from nurse practitioner for the provider noted the patient has scheduled right carpal tunnel release surgery for 4/2/14. The report noted AME

report of 8/14/13 and is currently being treated under future medical. Medications list Ibuprofen, Flexeril, and Omeprazole. Exam noted positive Durkin's, Tinel's, Phalen's, and flattening of themar prominences and positive cup sign; otherwise no range of motion or strength of muscles were recorded. It was noted 2 EMG/NCV studies have been done on 11/4/13 and 3/20/14 noting bilateral carpal tunnel syndrome. Treatment plan noted clearance obtained for right CTR. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has 5 authorized sessions certified without fading of treatment to an independent self-directed home program noted. The employee has received enough therapy sessions recommended for this post-surgical period. The Post-op physical therapy (PT) 3 x 4 is not medically necessary and appropriate.