

Case Number:	CM14-0037824		
Date Assigned:	06/25/2014	Date of Injury:	01/24/2012
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 64-year-old female who reported an injury on 03/30/2009 while working as a janitor. The injured worker has a history of right wrist pain with a diagnosis of carpal tunnel syndrome. The medications include Motrin 800 mg with unknown frequency and Ultram 50 mg with an unknown frequency. Her diagnostic studies included a electromyogram which revealed a positive Johnson's test on both wrists, entrapment neuropathy of the median nerve at both wrists along with carpal tunnel syndrome. The physical examination revealed 40 degree flexion and 40 degree extension to the right wrist. The injured worker rates her pain 9/10 using the VAS. The injured worker received physical therapy treatments. The plan of care is a home exercise program, to attend courses of physical therapy treatment, return in 6 weeks, and possibly carpal tunnel surgery. The authorization form was submitted on 06/25/2014 with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2xwk x 6wks right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for postop physical therapy 2 times a week x6 weeks for the right wrist is not medically certified. The California MTUS Guidelines indicate that 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, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. The documentation provided did not indicate that the injured worker needed additional physical therapy. Also, extended physical therapy is not recommended for carpal tunnel syndrome. As such, the request for postop physical therapy 2 times a week x6 weeks, right wrist, is not medically certified.