

Case Number:	CM14-0038111		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2010
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Reconstructive Surgery, and is licensed to practice in Maryland, North Carolina, and Virginia. 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 68 year old with a reported date of injury on 2/11/10 who has well-documented right carpal tunnel syndrome that has failed non-operative management and is supported by electrodiagnostic studies. A request was made for 18 post-operative therapy visits following her carpal tunnel release, as well as splinting. Initial utilization review dated 3/18/14 did not certify right carpal tunnel surgery and post-operative physical therapy. However, further utilization review dated 3/31/14 did certify right carpal tunnel surgery and modified the post-operative therapy visits from 18 to 8. Reasoning given was that 'post operative physical therapy is medically necessary and appropriate at the rate of 2 x 4 and then re-evaluate if more is needed as it is within guideline recommendations.' ODG guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy QTY 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Physical Medicine.

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

Decision rationale: The patient is well-documented to have right carpal tunnel syndrome. This was certified from utilization review dated 3/31/14. A request was made for 18 post-operative therapy visits. This was modified to 8 therapy visits from the utilization review dated 3/31/14. MTUS guidelines are specific with respect to post-surgical treatment guidelines following carpal tunnel surgery. From page 15-16, the following is noted: There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (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. Postsurgical treatment (open): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months Thus, the modification certified in the utilization review is consistent with these guidelines. 18 post-surgical therapy visits for carpal tunnel surgery is not consistent with these guidelines. Thus, the utilization review was correct in its determination. 18 post-surgical visits is not medically necessary.