

Case Number:	CM14-0038302		
Date Assigned:	06/25/2014	Date of Injury:	07/15/2011
Decision Date:	09/16/2014	UR Denial Date:	03/12/2014
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 General Surgery, has a subspecialty in Surgery of the hand and is licensed to practice in Texas. 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 is a 58-year-old female with a 07/15/2011 date of injury, due to repetitive and physically demanding job duties. 3/12/14 determination was non-certified given that the patient had carpal tunnel release on 3/2013 and there was no documentation regarding any post-operative physical therapy or other treatments. Regarding the left hand, there were no signs consistent with CTS on the 2/19/14 examination. 10/31/13 medical report identified bilateral wrist pain with numbness and tingling in the hands with decreased grip strength. Exam revealed positive Phalen's and reverse Phalen's in the wrists bilaterally with decreased grip strength and distal radial tenderness. The report documents that the patient underwent right carpal tunnel release on 3/30/13. 11/20/13 progress report revealed that the patient completed chiropractic treatment and she states that she feels a little better as a result. She states the pain the neck, bilateral shoulder, and low back returns without treatment. Exam was focused on the lumbar spine, cervical spine, and bilateral shoulders. There was acupuncture treatment notes provided. 1/21/14 medical report identified reduced sensation in bilateral median nerve distributions. Grip strength is reduced bilaterally. 2/19/14 progress report identified pain in the right upper extremity. The provider states that the patient had right hand carpal tunnel release in March 2013, and she continued to experience pain. The provider stated that he would order physical therapy postoperatively for the left hand and at the same time, orders a course of the right hand simultaneously. Exam revealed left wrist with a scar in the palmar side of the left hand consistent with carpal tunnel release. There is decreased strength bilaterally. There is same scar on the right hand consistent with carpal tunnel release. At the surgical site of the left hand, there is mild redness. The provider noted that the patient continued with restricted range of motion in the right hand, as well as pain. 1/31/14 operative report identified that a left carpal tunnel release was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times per week for 4 weeks post op for left hand: Upheld

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

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

Decision rationale: The patient underwent left carpal tunnel release in 1/31/14 and there was a request for post-operative physical therapy, which was reasonable post-operative management. However, there was no rationale for the necessity of 12 post-operative visits as opposed to CA MTUS recommendations of up to 8 sessions. There were no special circumstances noted for which there should be additional sessions. Given inability to render a modified determination, the request as made, cannot be considered medically necessary.

Regular course of therapy for right hand (frequency not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient had persistent carpal tunnel symptoms following release in 2013 and a course of physical therapy was requested. However, there was no indication if the patient had prior (or recent) physical therapy for the right hand, where there would be necessity of documentation of the number of sessions completed and objective improvement from such sessions. There was also no indication of the specific number of sessions being requested. The medical necessity was not substantiated.