

Case Number:	CM14-0038531		
Date Assigned:	06/27/2014	Date of Injury:	02/09/2012
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Plastic and Reconstructive Surgery, and is licensed to practice in Virginia, Maryland 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 Physician 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 59-year-old female with a reported date of injury on 2/9/12. She had undergone a right carpal tunnel release on 1/21/14 and had undergone 9 physical therapy visits from 1/24/14 to 3/4/14. On 3/5/14, a request was made for further hand therapy of 2 x 4. Documentation from 3/5/14 notes right hand examination: "well healed, full normal range of motion, sensations intact, slight swelling and thumb abduction intact. Two weeks ago noticed bump volar aspect of right wrist, slightly tender." Plan was for continuation of PT and strengthening. Documentation from 3/5/14 RFA notes request for continued hand therapy 2 x 4. Hand therapy note from 3/4/14 notes patient with a tender bump that has limited patient's active range of motion. The therapist asks if the patient should continue 2 x4 therapy visits. Documentation from 1/29/14 notes patient is healing and should continue therapy and strengthening. Utilization review dated 3/18/14 did not certify additional postoperative therapy visits as this would exceed the recommendations as contained in the California MTUS postsurgical treatment guidelines following carpal tunnel release. Following the request for further hand therapy visits, the patient underwent 4 additional physical therapy visits. Documentation from 4/9/14 notes the right hand is well-healed, slightly tender, slight swelling with full range of motion and neurovascular status intact. The plan was for "strengthening: needs therapy to get back to work." Documentation from 5/7/14 notes the patient is approximately 3 months for right carpal tunnel release with full range of motion of the fingers thumb and wrist." The scar is tender, but sensation and thumb abduction is intact. Numbness and tingling has resolved and she no longer has nocturnal awakening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy (OT 2 x4) for the right wrist: 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 had undergone right carpal tunnel release on 1/21/14 and had undergone 9 physical therapy visits through 3/4/14 when an additional request for further therapy was made for 2 x 4. The guidelines are specific with respect to physical therapy following carpal tunnel release. From MTUS Post-Surgical Treatment Guidelines with respect to Carpal Tunnel Syndrome pages 15-16: "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." Thus, the injured worker is within the overall treatment period of 3 months, but further therapy would exceed the recommendations as outlined in the guidelines. There should be well-documented reasoning for any additional requests. This is not the case for this injured worker. The requesting surgeon only notes that the injured worker has a bump that is slightly tender and a wrist that has slight swelling. Otherwise, the injured worker's examination is documented as relatively normal with full range of motion, sensory intact and no specific detail with respect to strength. Thus, there is insufficient evidence to warrant further formal physical therapy. This is consistent with the utilization review findings and thus, further formal physical therapy is not medically necessary.