

Case Number:	CM14-0052949		
Date Assigned:	07/07/2014	Date of Injury:	03/08/2013
Decision Date:	09/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopaedic Surgery 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:

The injured worker is a 57 year old female who is under treatment for bilateral carpal tunnel syndrome and C4-6 cervical stenosis on an industrial cumulative trauma basis from 3/8/12-3/8/13. She has undergone right open carpal tunnel release on 1/7/14 and a course of postoperative hand therapy. Four postoperative physical therapy (PT) sessions were authorized for the right hand following the surgery. Physical therapy (PT) was started on 2/25/14 and the four authorized visits were completed on 3/5/14. On that date, she had nearly full range of motion (ROM) of the right wrist as compared to the left wrist with 68 degrees of extension on the right, strength versus 70 degrees on the left and 70 degrees of flexion on the right and 80 degrees on the left. Her main deficits were in right hand and wrist strength, rated as 4/5 in flexion and 3+/5 in extension with a one-half grade having been gained in both planes since 2/25/14. The injured worker was placed at permanent and stationary status for the right hand on 4/15/14 and returned to full duty. An additional 8 physical therapy (PT) visits, 2x4, were requested on 3/8/14 and these were denied by the carrier based on the main deficits being with regard to strength which could be address through a home exercise program (HEP). That denial is being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for four weeks for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Physical therapy (PT).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) for physical therapy (PT) following open carpal tunnel release state that 3-8 visits over 3-5 weeks postoperatively may be necessary. Additional visits are contingent on the presence of functional deficits which require the input of a formal physical therapy (PT) program under these guidelines. As the injured worker's main deficits at the time of the 3/5/14 physical therapy (PT) assessment were with regard to strength, these could be addressed with a home exercise program and additional formal Physical Therapy (PT) sessions is not medically necessary.