

Case Number:	CM14-0069547		
Date Assigned:	07/14/2014	Date of Injury:	04/26/2011
Decision Date:	08/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopedic 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:

This 44-year-old male sound mixer sustained an industrial injury on 5/19/13. The injury occurred when he exited a production trailer and fell 6 feet to the pavement due to an unsecured handrail. He sustained an accepted a wrist fracture and underwent open reduction and internal fixation. Past surgical history was positive for anterior cervical decompression and fusion at C6/7 in 1999, and L5/S1 lumbar fusion in 2002. The 9/26/13 bilateral upper extremity EMG/NCV documented left C6 radiculopathy and bilateral moderate median nerve compression. The 3/7/14 initial orthopedic report cited bilateral wrist and neck pain. Objective exam documented cervical paravertebral muscle tenderness, muscle guarding and spasms, and bilateral upper trapezius trigger points. Bilateral wrist exam documented palmar tenderness, positive Phalen's and Tinel's, restricted range of motion, and 4/5 strength. The treatment plan recommended right carpal tunnel release with associated medical clearance, lab work, and post-operative physical therapy two to three times per week for 4 weeks. The 4/7/14 utilization review denied the right carpal tunnel release as medical necessity had not been established relative to failure of conservative treatment, significant numbness or tingling, and functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) bilateral wrist/hand therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation ODG, Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-266, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Physical therapy.

Decision rationale: The MTUS Postsurgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. The ACOEM Guidelines provide general therapy recommendations for carpal tunnel syndrome. The Official Disability Guidelines specifically recommended physical/occupational therapy limited to 1 to 3 visits for medical treatment of carpal tunnel syndrome. Guideline criteria have not been met. There is no evidence that the right carpal tunnel release has been approved or that medical necessity has been established. This request exceeds both the MTUS Postsurgical and MTUS Chronic Pain Guideline recommendations. There is no compelling reason to support the medical necessity of this request. Therefore, this request for twelve (12) bilateral wrist/hand therapy sessions is not medically necessary.