MAXIMUS Federal Services

Case Number:	CM14-0071231		
Date Assigned:	07/14/2014	Date of Injury:	01/01/1999
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case of a 56 year-old male who has filed a claim for bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, status post left de Quervain's release, status post left trigger finger release associated with an industrial injury date of 01/01/99.Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient has recently undergone right carpal tunnel release. He is doing well. He only has some postoperative symptomatology. The symptomatology on his cervical spine, right shoulder, and left hand and wrist has not changed significantly. On physical examination of the right wrist and hand, there is a well-healing incision. There is no sign of infection. There is no wound dehiscence. There is some cellulitis around the surgical site but the neurovascular status is gross intact. Examination of the left hand is essentially unchanged. There is a well-healed carpal tunnel release scar, trigger thumb release and de Quervain's release scar. There is pain in terminal motion but the neurovascular status remains intact. Treatment to date has included surgical intervention for the bilateral carpal tunnel syndrome, trigger finger, and de Quervain's. Medications taken has included Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, Quazepam, Tramadol, Cidaflex, Ketoprofen, Norco, Levofloxacin, Gabapentin, Menthoderm, and Terocin patch. Claims review reveal that he had underwent 28 physical therapy sessions post-operatively. Utilization review dated 05/06/14 recommended partial certification for the request for additional physical therapy sessions. Postsurgical MTUS notes that postsurgical treatment for carpal tunnel syndrome is 3-8 visits over 3-5 weeks and for trigger finger 9 visits over 8 weeks. MTUS supports 14 visits over 12 weeks following de Quervain's release. In this case, the patient has completed 28 post-op physical therapy visits to date. The documentation indicates that this patient is doing well and has only some post-operative symptoms remaining. The patient is still off work and has pain with terminal motion. In this case, an additional 6 visits over four sessions

over a four week period to assure the patient has a good grasp of the home exercise program for continuation of symptom resolution to support a return to work is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks, post Left Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines.

Decision rationale: According to page 98 of the CA MTUS Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. CA MTUS Postsurgical Treatment Guidelines states that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 3 to 8 visits over 3-5 weeks for post-operatively for carpal tunnel release. The post-operative treatment period is up to 3 months. For trigger finger, the recommended number of post-surgical physical therapy sessions is 9 visits over 8 weeks; and for post-De Quervain's release, 14 visits over 12 weeks. In this case, the patient is post-carpal tunnel release on the right last 01/31/2014 and previously left carpal tunnel release, left trigger thumb, left De Quervain's release last 08/23/13. Treatment plan includes initiation of physical therapy to the right wrist; however, the present request is for physical therapy of the left wrist. The most recent physical exam of the left wrist revealed pain upon terminal motion with intact neurovascular status. Claims review showed that he has undergone 28 previous post-operative physical therapy sessions. It is unclear why patient cannot transition into a home exercise program to address residual deficits. The medical necessity cannot be established due to insufficient information. Therefore, the request for Physical Therapy 2 times a week for 4 weeks, post left carpal tunnel release is not medically necessary.