

Case Number:	CM14-0073086		
Date Assigned:	06/30/2014	Date of Injury:	08/08/2013
Decision Date:	07/31/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 64-year-old female with date of injury 8/8/13. The treating physician report dated 3/10/14 indicates that the patient presents with left carpal tunnel symptoms with dropping items in left hand. The patient is status right carpal tunnel release surgery and is doing much better. The current diagnoses are: bilateral carpal tunnel syndrome, and status post right carpal tunnel release. The utilization review report dated 3/27/14 modified the treating physician request for carpal tunnel release and post operative physical therapy two times a week for four weeks to a modified approval of left carpal tunnel release and post operative physical therapy two times a week then one times a week for two weeks (four visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for surgery, Carpal tunnel release surgery (CTR).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel release surgery (CTR).

Decision rationale: The patient presents with left carpal tunnel syndrome and improved right carpal tunnel syndrome following carpal tunnel release. The current request is for left carpal tunnel release and post-operative physical therapy two sessions per week for four weeks. The ACOEM guidelines support carpal tunnel release surgery. However, the utilization review report dated 3/27/14 has already authorized the carpal tunnel release (CTR) surgery and four post surgical physical therapy visits. The current request for left carpal tunnel release is not supported by the guidelines. As such, the recommendation is for denial.

Post-operative physical therapy, two times a week then one times for two weeks (four visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS post surgical physical therapy guidelines recommend 3-8 sessions. The MTUS post surgical guidelines state that if physical medicine is necessary post surgically then the initial course of therapy is one half of the total post surgical therapy visits. In this case up to four initial post surgical physical therapy visits would be medically necessary. However, the utilization review report dated 3/27/14 has already authorized the carpal tunnel release (CTR) surgery and four post surgical physical therapy visits. The request is not supported by MTUS guidelines. Furthermore, since the primary procedure (left carpal tunnel release) is not medically necessary, none of the associated services (post-operative physical therapy) is medically necessary.