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| Case Number: | CM14-0083095 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 02/16/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 Occupational Medicine; 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 claimant injured her wrists on 02/16/11 in a motor vehicle accident. Bilateral wrist braces and postop physical therapy for 12 visits have been requested and are under review. Her previous treatment included splints and she was given medication. On 01/15/14, she was seen again. A repeat EMG/NCV (Electromyogram/ Nerve conduction velocity) was ordered. EMG/NCV on 02/12/14 showed no carpal tunnel or cubital tunnel. On 04/28/14, she complained of bilateral wrist pain with numbness and tingling in her hands especially at night that awakened her. She had chronic wrist pain, numbness and tingling in the distribution of the median nerve and positive Tinel's and Durkan's tests with pain over the wrist area. A right carpal tunnel release followed by a left carpal tunnel release was recommended. She would need carpal tunnel splints bilaterally. The surgeries were certified. The request for postop physical therapy was modified to 8 visits. Postop bilateral wrist splints were not certified. She was to follow-up with a hand surgeon per [REDACTED] note dated 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Carpal Tunnel syndrome; Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome - splints

Decision rationale: The history and documentation do not objectively support the request for bilateral wrist braces. The MTUS do not address postoperative splinting following carpal tunnel release. The ODG state regarding splinting for carpal tunnel syndrome, "recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence." Bilateral carpal tunnel releases have been certified and the claimant has already tried splinting as conservative care. The use of splints following surgery is not recommended. Therefore, Bilateral Wrist Braces is not medically necessary.

Postoperative Physical Therapy for Bilateral Wrists two times a week for six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The history and documentation do not objectively support the request for 12 visits of PT at this time. The claimant has reportedly failed conservative care and has been approved to have bilateral carpal tunnel releases. The MTUS state "Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic/open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Also, one half the total numbers of visits may be recommended as an initial postoperative course of care, followed by a reassessment." There is no evidence of outlier status to support a course of postop PT for 12 visits following carpal tunnel release. Therefore, Postoperative Physical Therapy for Bilateral Wrists two times a week for six weeks is not medically necessary.