

Case Number:	CM13-0016962		
Date Assigned:	10/11/2013	Date of Injury:	01/23/2013
Decision Date:	03/06/2015	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female was a legal clerk when she sustained a repetitive trauma injury on January 23, 2013. The injured worker was pulling files from overhead and experienced left shoulder and arm pain. The pain was aggravated by typing, which caused tingling in the left hand. Past treatment included heat/cold, topical pain medication, anti-inflammatory medication, x-rays, electrodiagnostic testing, splinting, left wrist steroid injection, and physical therapy. On March 26, 2013, an EMG (electromyography)/NCS (nerve conduction study) revealed severe left carpal tunnel syndrome and mild right carpal tunnel syndrome. On July 1, 2013, the injured worker underwent a left carpal tunnel release. On July 25, 2013, the treating physician noted blistering along the sides of the incision. The physical exam revealed a well-healed incision with blistering on the radial and ulnar sides of the incision, some clear drainage, and itching. Range of motion of the fingers was full, and there was no numbness. Diagnoses were contact dermatitis with subsequent blistering and left carpal tunnel syndrome. The physician recommended leaving the blistering open to air, keep it clean and dry, and may was the wound with soap and water. In addition, the physician recommended silicone scar pads and continuing therapy 3 times a week for 2 weeks. Current work status is temporarily totally disabled. The records refer to a course of post-operative physical therapy for the left wrist, but do not provide specific dates of service or results. On August 8, 2013, Utilization Review modified a prescription for an additional 6 visits (3 visits per week x 2 weeks) of physical therapy/occupational therapy status post left carpal tunnel release requested on August 6, 2013. The physical therapy/occupational therapy were modified based on the lack of objective evidence to support medical necessity as opposed to a

self-directed home exercise program with the appropriate hand exercises. The injured worker was beyond the 3-5 weeks recommended for post-operative rehabilitation, and should be participating in a self-directed home exercise program for conditioning and strengthening of the left upper extremity. The injured worker had received significantly more sessions of post-operative physical therapy than recommended by the guidelines. The additional visits of physical therapy/occupational therapy exceed the guideline recommendations. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) guidelines, Chapter 11: Forearm, Wrist, and Hand Complaints and the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter: and Carpal Tunnel Syndrome Chapter were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left wrist, 3 times per week for 2 weeks: 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), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Forearm, wrist, and hand Chapter, Physical Therapy Guidelines

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the request for additional therapy for the wrist is not medically necessary. The Post-Surgical Treatment Guidelines of the MTUS, recommend 3-8 visits of physical therapy following the surgical treatment of carpal tunnel syndrome. The time course for this post-op rehabilitation is 3-5 weeks. In the case of this request, the post-operative time window has been exceeded, as the surgery took place on 7/1/2013. According to the notes, the patient then completed 18 sessions of physical therapy and was released back to usual work duties on 9/3/2013. There was no comprehensive summary provided of how many sessions of PT were already attended when the 8/6/2013 request for additional PT was made. The records do not include PT notes. Given this lack of information, the request for an additional 6 PT visits is not felt to be medically necessary at that time and with the limited information.