MAXIMUS Federal Services

Case Number:	CM14-0193623		
Date Assigned:	12/01/2014	Date of Injury:	08/23/2011
Decision Date:	01/13/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 36 year old male reported an injury on 08/23/2011. The mechanism of injury was a fall. His diagnoses include carpal tunnel syndrome. His past treatments include bracing, activity modification, physical therapy, home exercises, use of a TENS unit, NSAIDs, and topical analgesics. The diagnostic studies include an EMG/NCV, performed on 10/12/2012, which revealed chronic bilateral C8-T1 radiculopathy without acute denervation, as well as bilateral moderate to severe carpal tunnel syndrome. A physical therapy note, dated 08/20/2014, indicates the injured worker had bilateral hand pain of 8/10 with noted guarding of the upper extremities. He underwent a right carpal tunnel release on 09/24/2014, and was noted to be in satisfactory condition without mention of postoperative complications. On 09/30/2014, the injured worker presented with postoperative pain of 6/10 with associated numbness and tingling. The objective findings revealed mild edema with no evidence of infection or erythema. On 10/07/2014, the injured worker presented with numbness to all digits of the right hand. The objective findings revealed positive Tinel's, Phalen's, and Durkan's tests. He was also noted to have well healing incisions. There was no evidence of infection, swelling, discharge, or erythema to the right hand. The treatment plan was noted to include prescriptions for Norco and Omeprazole, a urine drug screen, and continuation of wearing a volar wrist splint, taking anti-inflammatory medication, home exercises, and physical therapy. The sutures were removed during this clinical visit. A Request for Authorization form was submitted for review on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks; right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The request for post-operative physical therapy 2 times a week for 6 weeks; right wrist is not medically necessary. The California MTUS Guidelines recommend 3 to 8 visits of postsurgical physical therapy over 3 to 5 weeks for the treatment of carpel tunnel syndrome. The most recent clinical note, dated 10/07/2014, shows the treatment plan included continuation of physical therapy, which is suggestive of the injured worker already receiving physical therapy. However, there was a lack of documentation to quantify the number of physical therapy visits received and a lack of documentation to show objective functional improvement and objective pain relief. Moreover, the request is for 12 visits of postsurgical physical therapy, which exceeds the guidelines' recommendation. As such, the request for post-operative physical therapy 2 times a week for 6 weeks; right wrist is not medically necessary.