

Case Number:	CM14-0195686		
Date Assigned:	12/03/2014	Date of Injury:	06/01/2007
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/21/2014

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, and is licensed to practice in New York. 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 55 year-old male who has reported bilateral wrist symptoms of gradual onset attributed to office work, with a listed injury date of 6/1/07. Prior to this injury date the injured worker had been treated surgically for ulnar nerve compression at the elbows. The diagnosis is bilateral carpal tunnel syndrome. Treatment for the wrists has included physical therapy, medications, and splints. The treating physician has prescribed bilateral carpal tunnel releases, post-operative physical therapy, and a post-operative sling. On 11/17/14 Utilization Review certified bilateral carpal tunnel releases, and certified 4 of 8 requested visits for post-operative physical therapy. A post-operative sling was not certified. The MTUS and the Official Disability Guidelines were cited in support of the decisions. The decision for postoperative physical therapy and a sling were appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy Bilateral Wrists-12 Sessions (each wrist; total 24):

Upheld

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

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 chapter, physical medicine treatment

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 2-4 visits. 8 visits greatly exceed the MTUS recommendations and are therefore not medically necessary.

Post-Operative Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS does not address the use of a sling after carpal tunnel release. The Official Disability Guidelines recommend active rather than passive modalities after surgery. The Official Disability Guidelines have no recommendation for a sling. Mobilization after surgery is important and a sling will encourage disuse and lack of exercise. A sling is not medically necessary after carpal tunnel release.