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| Case Number: | CM14-0199177 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 09/21/2000 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 11/15/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 a reported date of injury on 9/21/2000 who requested an unspecified amount of post-operative physical therapy following a right carpal tunnel release and multiple right-sided trigger finger releases on 8/18/14. Documentation from an early post-operative visit (date is not legible) notes a plan for requesting 12 post-operative physical therapy visits for the right hand. Documentation from 9/10/14, notes some right hand pain and swelling following her surgery. Surgical sites are healed with some tenderness, swelling and weakness. Recommendation is for 12 sessions of post-operative physical therapy. Documentation from 9/16/14, notes that the patient is pending post-operative therapy. The incisions of the right hand are healing. Plan is for post-operative physical therapy. Documentation from 10/22/14, notes that the patient has well-healed incisions. There is swelling, weakness, tenderness and restricted range-of-motion. Post-operative therapy is recommended for 12 visits and it is unclear why the visits have not been approved. Documentation from 10/28/14, notes that the patient has yet been provided with post-operative physical therapy. Her pain has not improved. There is residual ankylosis of the hand and fingers. Plan is for post-operative physical therapy among other requests. Physical therapy note dated 11/26/14 and 12/10/14 is noted. UR review dated 11/15/14 did not certify the physical therapy sessions but modified to 8 post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown post-physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16, 22.

Decision rationale: The patient is a 64 year old female who had undergone right carpal tunnel release and multi-finger trigger release. Thus, post-operative physical therapy treatment is indicated based on the guidelines below. From Post-Surgical Treatment Guidelines with respect to carpal tunnel: Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery, a home therapy program is superior to extended splinting. (Cook, 1995) Continued visits should be contingent on documentation of objective improvement, i.e., VAS (visual analog scale) improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months From postsurgical treatment guidelines, forearm, wrist and hand page 22: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months Thus, postoperative physical therapy following the patient's procedures is indicated. However, no specified time course of treatment had been provided in the request. Thus, without this the request should not be considered medically necessary.