

Case Number:	CM14-0208933		
Date Assigned:	12/22/2014	Date of Injury:	09/08/2014
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 65-year-old male with a date of injury of 9/8/2014. He complains of numbness in both hands. Per progress notes dated September 8, 2014 he was complaining of numbness in both hands ongoing for a couple years. The severity was moderate. He denied any pain or swelling. On examination he had Dupuytren's contractures of the fourth digit in both hands, right more than left. A detailed evaluation of the carpal tunnel was not documented. Per doctor's first report of occupational injury or illness the diagnosis was bilateral carpal tunnel syndrome. Treatment included a left wrist splint and referral to an orthopedic surgeon. On October 6, 2014 the documentation indicates that there was a prior workup which included nerve conduction study on 9/8/2014. The results are not documented. The diagnosis was carpal tunnel syndrome, right greater than left. Per office notes of 10/10/2014 he had been seen by an orthopedic surgeon and had a follow-up appointment on 11/17/2014 for the carpal tunnel syndrome. On October 20, 2014 the symptoms were essentially unchanged since the previous visit. A carpal tunnel examination was again not included. A request for authorization for a right carpal tunnel release, CBC labs, and postoperative physical therapy (2 x 6) is dated 11/24/2014. An orthopedic note dated 11/17/2014 indicates that this office visit pertained to the non-Worker's Compensation issue of Dupuytren's contracture. The injured worker felt that his contractures were increasing. He also had numbness in the fingers of the right hand. There was some numbness in the left hand. He complained of night numbness. There was occasional numbness in the daytime, especially when driving. He was right hand dominant. The past medical history was remarkable for hypertension. The past surgical history was positive for

herniorrhaphy and tonsillectomy. He was a nonsmoker. The diagnosis was carpal tunnel syndrome. The plan was to release the Dupuytren's contracture at the same time as the carpal tunnel release of the right hand. A nerve conduction study dated 9/8/2014 is noted. The distal motor latency of the left median nerve was 4.3 and the right median nerve 4.5. The sensory latency of the left median nerve was 2.5 and the right median nerve 2.7. The normal sensory latency is up to 2.2 ms. The normal motor latency is up to 4.4 ms. This indicated mild carpal tunnel syndrome on the right and borderline on the left. Needle electromyography was negative. The utilization review rationale is not included. However, an application for independent medical review indicates a date of utilization review determination of 12/2/2014 and an independent medical review for postoperative physical therapy 2 x 6 is requested. The listed diagnosis is carpal tunnel syndrome (354.0). The documentation does not indicate if the carpal tunnel release was certified; however, the request is for postoperative physical therapy which implies that the carpal tunnel release was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Post-operative physical therapy, twice 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, 16.

Decision rationale: California MTUS postsurgical treatment guidelines indicate that there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 3-8 visits over 3-5 weeks. The postsurgical physical medicine treatment period is 3 months. The request as stated is for 12 postoperative physical therapy visits which exceeds the guidelines and as such, the medical necessity of the request is not substantiated.