

Case Number:	CM14-0215510		
Date Assigned:	01/30/2015	Date of Injury:	07/17/2013
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 injured worker is a 32-year-old female with a date of injury of 07/17/2013. The mechanism of injury was continuous trauma on the job. Her diagnoses include carpal tunnel syndrome, lumbar sprain and strain, and sacroiliitis not elsewhere classified. Her past treatments included 12 postoperative physical therapy treatments for the wrist. The injured worker had carpal tunnel surgery on 10/07/2014. On 02/17/2015, it was noted the injured worker was depressed and anxious, and she complained of issues with her left thumb. She describes the pain as burning and sharp and she self-rated as 8/10. Physical examination noted, psychological, she was positive for anxiousness, tearfulness. Upon examination of the left hand, the first metacarpal was tender to palpation and severe pain noted over the left thumb with very limited range of motion. Her medications were not provided. The treatment plan was to recommend consultation with a qualified orthopedist for the left thumb pain following a carpal tunnel release. The request is for 6 sessions of postop therapy 2x3 for the left wrist and the rationale would be following a carpal tunnel release. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Post-op physical therapy - (2 x 3) for the left wrist: Upheld

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

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

Decision rationale: The request for 6 sessions of Post-op physical therapy - (2 x 3) for the left wrist is not medically necessary. According to the California MTUS Guidelines, physical therapy is recommended for carpal tunnel syndrome up to 8 visits over 5 weeks. However, there is little evidence demonstrating effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify up to 5 visits over 5 weeks after surgery and up to 8 visits, but the benefits need to be documented after the first week and prolonged therapy visits are not supported. According to the documentation, the injured worker had carpal tunnel surgery on 10/07/2014, and he has previously received 12 postoperative physical therapy visits for the wrist. The additional 6 sessions would exceed the guidelines. There is a lack of quantitative evidence demonstrating the injured worker's functional deficits in regard to strength and range of motion. There is lack of documentation demonstrating whether the injured worker had significant objective functional improvement with the prior sessions of physical therapy. According to the guidelines, benefits need to be documented after the first week, and prolonged therapy visits are not supported. There was lack of documentation received for this review that would indicate the prior efficacy of the sessions. As such, the request for 6 sessions of Post-op physical therapy - (2 x 3) for the left wrist is not medically necessary.