

Case Number:	CM15-0007696		
Date Assigned:	01/29/2015	Date of Injury:	09/20/2013
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: Illinois, California, Texas
 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 46 year old male, who sustained an industrial injury on September 20, 2013. He has reported neck and back pain. The diagnoses have included bilateral upper extremity over use syndrome, carpal tunnel syndrome, bilateral elbow strain/sprain, epicondylitis and right middle trigger finger. The 5/2/14 electrodiagnostic report documented bilateral moderate carpal tunnel syndrome. The 12/11/14 treating physician report cited bilateral grade 8/10 wrist pain with numbness and tingling. Physical exam documented bilateral positive Phalen's, Tinel's, and median nerve compression tests. There was mild bilateral thenar atrophy and abductor pollicis brevis weakness. The treatment plan recommended staged right then left carpal tunnel decompression. Treatment to date had included elbow braces, forearm splints, transcutaneous electrical nerve stimulation (TENS) unit, and topical cream and oral medication. The surgical request included post-op physical therapy 2x6. On December 17, 2014 utilization review non-certified a request for associated surgical services: post op physical therapy 2x6 for the bilateral wrist, noting the request exceeds recommended guidelines. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) has been received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Post op physical therapy 2x6 for the bilateral 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 California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Given the staged request and assuming the surgery was certified, guidelines would support up to 8 initial post-op visits. There is no compelling reason to support the medical necessity of treatment beyond guideline recommendations. Therefore, this request for post-op physical therapy 2x6 is not medically necessary.