

Case Number:	CM15-0104015		
Date Assigned:	06/08/2015	Date of Injury:	08/20/2013
Decision Date:	07/14/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand 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:

The injured worker is a 46 year old female who sustained a cumulative industrial injury on 08/20/2013. The injured worker was diagnosed with bilateral carpal tunnel syndrome and left elbow epicondylitis. Treatment to date includes diagnostic testing with a repeat Electromyography (EMG)/Nerve Conduction Velocity (NCV) performed on April 7, 2014, wrist braces nightly, injections to the wrist and medications. According to the treating physician's progress report on December 29, 2014 the injured worker continues to experience bilateral carpal tunnel, right worse than left and mild bilateral elbow pain. Examination of the cervical spine demonstrated full range of motion without focal motor, sensory or neurological deficits at C5 through T1. Examination of the right wrist demonstrated mild fullness with mild Tinel's and minimal carpal compression test of the right hand. There was a negative Phalen's test. There was full range of motion of all fingers with no evidence of tenosynovitis or triggering bilaterally. Sensation and motor was grossly intact. The bilateral elbows showed no deficits. Current medications were documented as anti-inflammatories. Treatment plan consists of surgery for a right carpal tunnel decompression and the current request for post-operative physical therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 therapy sessions after carpal tunnel surgery exceeds guidelines and is not medically necessary.