

Case Number:	CM15-0130244		
Date Assigned:	07/16/2015	Date of Injury:	04/10/2013
Decision Date:	08/12/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 4/10/2013. Diagnoses include bilateral carpal tunnel syndrome. Treatment to date has included right carpal tunnel release performed on 6/19/2015. Per the Primary Treating Physician's Progress Report dated 6/23/2015, the injured worker was three days post-op right carpal tunnel release and reported wrist pain and decreased sensation in the right hand. Physical examination of the right hand revealed color and temperature within normal limits. Radial pulse was intact and there was mild ecchymosis to the volar wrist/forearm and palm with minimal swelling. There was good flexion but decreased pinwheel sensation in the digits. The plan of care included, and authorization was requested on 6/23/2015 for post-op physical therapy (3x4) and a wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 x wk x 4 wks: 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 claimant sustained a work injury in April 2013 and underwent an endoscopic right carpal release on 06/19/15. In postoperative follow-up, there was mild ecchymosis and minimal swelling. There was decreased sensation. Authorization for physical therapy and a wrist splint was requested. Carpal tunnel release surgery is considered an effective operation that should not require extended therapy visits for recovery. Guidelines recommend up to 8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated. The number of treatments is in excess of guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. It was not medically necessary.

Right wrist splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

Decision rationale: The claimant sustained a work injury in April 2013 and underwent an endoscopic right carpal release on 06/19/15. In postoperative follow-up, there was mild ecchymosis and minimal swelling. There was decreased sensation. Authorization for physical therapy and a wrist splint was requested. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. Splinting after surgery has negative evidence and is not recommended. The requested post-operative splint is not medically necessary.