

Case Number:	CM15-0133189		
Date Assigned:	07/21/2015	Date of Injury:	10/20/2006
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female sustained an industrial injury to bilateral upper extremities on 8/21/06. Previous treatment included physical therapy, splinting, injections and medications. The injured worker underwent left carpal tunnel release on 3/24/15. In a postoperative visit dated 4/10/15, the injured worker complained of swelling. The physician noted that the injured worker was doing well. The injured worker's wounds were healing without signs of infection. The site had minimal swelling and tenderness to palpation. Sensation had improved subjectively with acceptable postoperative range of motion. All digits on the postoperative limb had full range of motion. Current diagnoses included left carpal tunnel open release. The treatment plan included continuing use of short arm splint for one more week followed by weaning out of the splint and beginning a course of postoperative physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post op physical therapy sessions, left hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: This claimant was injured in 2006 to the upper extremities. Previous treatment included physical therapy, splinting, injections and medications. The injured worker underwent a left carpal tunnel release on 3/24/15. As of April 2015, there was swelling. All digits on the postoperative limb had full range of motion. Current diagnoses included left carpal tunnel open release. The treatment plan included continuing use of short arm splint for one more week followed by weaning out of the splint and beginning a course of postoperative physical therapy twice a week for six weeks. The Surgical MTUS guides note: Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS (complex regional pain syndrome) I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) The request significantly exceeds what has been shown to be successful. 12 additional post operative sessions are not medically necessary