

Case Number:	CM15-0164332		
Date Assigned:	09/01/2015	Date of Injury:	03/18/2011
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: Georgia, California, Texas

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:

The injured worker was a 54 year old female, who sustained an industrial injury, March 18, 2011. The injured worker previously received the following treatments left wrist brace, 12 sessions of physical therapy and home exercise program. The injured worker was diagnosed with left carpal tunnel syndrome, status post left carpal tunnel release on 05/28/15. According to progress note of July 31, 2015, the injured worker's chief complaint was left hand and wrist pain and functionality. The injured worker was attending physical therapy to improve range of motion, grip strength and to reduce the severity of the pain. The injured worker was having difficulty with gripping, twisting, holding and carrying type of activity due to pain and weakness. The injured worker was having difficulty with typing related activity for long durations due to pain, able to perform for 15-20 minutes. The injured worker was having difficulty with driving and being able to hold and turn the steering wheel without requiring the use of a wrist brace for support. The physical therapy progress report noted the injured worker slept 5 out of 7 nights due to decreased pain. After 6-8 weeks of decreased pain and increased muscular endurance of the left hand allowed the injured worker to perform typing for 15-20 minutes, pain level was a 4 out of 10. The injured worker had a 30% decrease in pain and increased functional strength to the allow the injured worker to open bottles and jars consistently without requiring medications, the injured worker was still having difficulty with opening jars but was able to open loose bottles or cans. The treatment plan included additional physical therapy for the left hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left wrist/hand (3x4) x 12 sessions: Upheld

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

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

Decision rationale: Greater than 3 months have elapsed since date of carpal tunnel release, and the postsurgical physical medicine treatment period recommended by MTUS has expired. The injured worker has completed 12 postoperative therapy visits, exceeding the MTUS recommendation for up to 8 PT/OT visits following carpal tunnel release. MTUS states: "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." Based upon the submitted documentation and MTUS recommendations, continued postoperative PT sessions are not medically necessary.