

Case Number:	CM15-0166104		
Date Assigned:	09/03/2015	Date of Injury:	05/13/2013
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 56-year-old female with an industrial injury dated 05-13-2013. The injured worker's diagnoses include status post right carpal tunnel release on 05-19-2015, status post open right shoulder rotator cuff repair, status post repeat right shoulder arthroscopy with rotator cuff repair, and right upper extremity paresthesia. Treatment consisted of diagnostic studies, prescribed medications, 15 out of 24 sessions of postoperative physical therapy for the right shoulder, and periodic follow up visits. In a progress note dated 07-30-2015, the injured worker reported ongoing pain in the right shoulder with radiation to the right side of neck. The injured worker also reported persistent pain, numbness and tingling in the right wrist with occasional radiation to the forearm; and frequent cracking of fingers on the right side. Objective findings revealed decreased bilateral shoulder range of motion and well healed right wrist incision. The treating physician prescribed services for physical therapy for the right wrist, two times a week for six weeks, quantity: 12, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT WRIST 2 TIMES A WEEK FOR 6 WEEKS, QUANTITY: 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15 and 16.

Decision rationale: The patient is a 56-year-old female who underwent right carpal tunnel release on 5/19/15. She is documented not to have attended any postoperative therapy to date. She continues to have pain, numbness and tingling of the right wrist. Postoperative physical therapy guidelines state the following: From page 15 and 16, 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. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, the patient is still within the overall treatment period of 3 months. However, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 4 visits would be consistent with these guidelines.