

Case Number:	CM15-0166245		
Date Assigned:	09/03/2015	Date of Injury:	04/09/2012
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
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 60 year old female who sustained a work related injury April 9, 2012. Past history included carpal tunnel syndrome. According to a treating physician's progress report, dated July 28, 2015, the injured worker presented for follow-up of her bilateral upper extremity discomfort. She reports the tennis elbow strap, splints, and soft support for her left hand help with her discomfort. Objective findings included; no skin changes and full range of motion; carpal compression testing elicits mild symptoms. Assessments are bilateral carpal tunnel syndrome with slowing on electrodiagnostic testing; right lateral epicondylar symptoms and forearm strain versus tendinopathy. Treatment plan included a carpal tunnel injection, which was well tolerated. According to a treating physician's progress report dated August 11, 2015, the injured worker is agreeable to surgery for her left carpal tunnel. Treatment plan included left carpal tunnel release and associated pre-operative testing which were authorized. At issue is the request for authorization for post-operative occupational therapy, quantity: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Occupational Therapy Qty: 8: Upheld

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

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

Decision rationale: The patient is a 60 year old who was certified for left carpal tunnel release. 8 postoperative therapy visits had been requested. As the carpal tunnel release was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: 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, based on these guidelines, 8 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.