

Case Number:	CM15-0180813		
Date Assigned:	09/22/2015	Date of Injury:	07/14/2014
Decision Date:	10/26/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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 60-year-old female, who sustained an industrial injury on 07-14-2014. The injured worker is currently temporarily very disabled. Medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome symptomatic on the left status post left carpal tunnel release. Treatment and diagnostics to date has included left carpal tunnel release surgery, therapy, bracing, home exercise program, and medications. Current medications include Motrin and Synthroid. No physical therapy progress reports noted in received medical records. In a progress note dated 08-18-2015, the injured worker reported slight pain at 2 months postoperative from left carpal tunnel release surgery. The treating physician noted that "the patient has finished 9 visits of therapy. Her motion is good but she still has a lot of weakness and sensitivity about the scar" and requested 8 more visits of therapy to help with "desensitization". Objective findings included full range of motion of the left wrist and fingers, no triggering or numbness noted, and "mild-moderate" hypertrophy and sensitivity about the scar. The request for authorization dated 08-19-2015 requested physical therapy 2 x weekly for 4 weeks for status post left carpal tunnel release. The Utilization Review with a decision date of 08-21-2015 denied the request for physical therapy 2x4 for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4 Weeks Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The claimant sustained a work injury July 2014 and underwent an open left carpal tunnel release on 06/17/15. When seen, she had completed nine postoperative treatment sessions. Physical examination findings included full range of motion of the wrist and fingers. She was not having numbness or finger triggering. There was mild to moderate scar sensitivity and hypertrophy. An additional eight treatment sessions were requested. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 3-8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. In this case, the claimant has already had post-operative physical therapy and her surgery was uncomplicated. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.