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| Case Number: | CM15-0181758 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 05/30/2011 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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 62 year old female who sustained an industrial injury on 5-30-2011. A review of medical records indicates the injured worker is being treated for bilateral carpal tunnel syndrome with progression from mild carpal tunnel syndrome, right, from March of 2012 to moderate carpal tunnel syndrome, right from August 1, 2013, left carpal tunnel syndrome, mild, left carpal metacarpal strain versus arthritis, status post diagnosis of bilateral carpal tunnel syndrome, bilateral chronic lateral epicondylitis, status post right and left elbow condylar cortisone injections with improvement, and right long trigger finger. Medical records dated 6-24-2015 noted pain in the fingers rated 6-7 out 10. Symptoms were worse with activity and repetitive use. Symptoms were improved with medications. Since the last visit she had no change in the level of function during activity. Physical examination noted she was tender to the right hand. She had a triggering of the right long finger which was new. There was decreased sensation to the left hand. Treatment has included medication, injections, and physical therapy. Utilization review form dated 8-18-2015 non-certified physical therapy 2 x 4 weeks for both hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Both Hands, 2 times wkly for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in May 2001 and continues to be treated for bilateral carpal tunnel syndrome. She underwent a right carpal tunnel release in 2015. When seen in June 2015 her incision had healed. There was local tenderness. She was having triggering of the third finger. There was decreased left hand sensation. Recommendations included completion of physical therapy for her right hand and authorization for a left carpal tunnel release was requested. In August 2015 authorization for eight sessions of therapy for both hands was requested. Carpal tunnel release surgery is considered an effective operation. After the surgery performed, guidelines recommend up to 8 visits over 3-5 weeks with a physical medicine treatment period of 3 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has already had post-operative physical therapy. 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 a home exercise program. The request is not medically necessary.