

Case Number:	CM15-0187780		
Date Assigned:	09/29/2015	Date of Injury:	08/01/2013
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old female sustained an industrial injury on 8-1-13. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome and cervical spine and lumbar spine sprain and strain with upper and lower extremity radiculopathy. Previous treatment included right carpal tunnel release, physical therapy, injections and medications. The injured worker underwent left carpal tunnel release on 8-14-15. In a PR-2 dated 8-18-15, the injured worker complained of left hand pain, neck pain with stiffness, low back pain and bilateral elbow pain. Physical exam was documented as "decreased sensation and strength, sensory deficit and decreased range of motion". The treatment plan included requesting authorization for bilateral elbow cortisone injections. In a PR-2 dated 8-20-15, the injured worker reported having "mild to moderate" left hand pain. Physical exam was remarkable for left hand with intact neurovascular exam and stitches in place. The left hand wound was "healing nicely". The treatment plan included progressing to a home program for the right hand and requesting authorization for physical therapy for the left hand. In a PR-2 dated 8-29-15, the injured worker complained of mild to moderate left hand pain. The physician documented that the injured worker was "recovering very nicely" from surgery. Physical exam was remarkable for complete healing of the left hand wound with intact neurovascular exam and residual swelling and weakness. The injured worker's stitches were removed. The treatment plan included physical therapy for the left hand. On 9-1-15, Utilization Review modified a request for postoperative physical therapy for the left hand and wrist, 18 visits to postoperative physical therapy for the left hand and wrist, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy times 18 visits for left hand and wrist: 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: MTUS post-surgical treatment guidelines for carpal tunnel syndrome recommend at most 8 PT or OT visits over 5 weeks. These guidelines state specifically that there is minimal evidence to justify significant PT or OT after this surgery, that benefits need to be documented after the first week, and that prolonged therapy visits are not supported. Thus the treatment guidelines would require very specific and well-reasoned clinical decision-making to support additional therapy exceeding these guidelines; such a rationale has not been provided in this case. This request is not medically necessary.