

Case Number:	CM15-0190088		
Date Assigned:	10/02/2015	Date of Injury:	12/11/2014
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 64-year-old female who sustained an industrial injury on 12/11/14 relative to using her keyboard for data entry. Past medical history was reported positive for depression and cervical degenerative disc disease. Past surgical history was positive for right carpal tunnel release. Conservative treatment included activity modification, medication, bracing and hand therapy. The 8/3/15 left upper extremity electrodiagnostic study findings suggested the presence of significant carpal tunnel syndrome. The 9/2/15 treating physician report cited left hand numbness and tingling particularly when typing. Symptoms woke her at night. Physical exam of the left hand documented positive Phalen's test and decreased 2 point discrimination in the median nerve distribution. Conservative treatment, including bracing and medications had failed to resolve symptoms. The injured worker was at modified duty status. The treating physician recommended a left carpal tunnel release based on the injured worker's age, change in nerve conduction findings, and physical exam. Authorization was also requested for post-operative physical therapy 3 times per week for 6 weeks. The 9/10/15 utilization review certified a left endoscopic carpal tunnel release. The request for 18 visits of post-operative physical therapy was modified to 8 visits of post-operative physical therapy, consistent with Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for carpal tunnel release suggest a general course of 3 to 8 post-operative visits over 3-5 weeks during the 3-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 4 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This injured worker has been certified for a left carpal tunnel release. The 9/10/15 utilization review recommended partial certification of 8 initial post-op physical therapy visits consistent with the recommended general course of treatment. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.