

Case Number:	CM15-0197553		
Date Assigned:	10/13/2015	Date of Injury:	03/17/2015
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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: California, Oregon, Washington
 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:

The injured worker is a 64 year old male, who sustained an industrial injury on 3-17-2015. Diagnoses include left De Quervain's syndrome and left carpal tunnel syndrome. Treatments to date include activity modification, splinting, physical therapy, acupuncture treatments, steroid injection, Kenalog injection to the wrist, and medication therapy. On 8-13-15, he complained of left hand pain, numbness and weakness returning after a steroid injection administered at the previous visit. The physical examination documented a positive Finkelstein, Tinnel, Phalen, and Durkan tests in the left wrist. There was thenar atrophy noted, and decreased grip strength. The electromyogram and nerve conduction studies (EMG-NCS) were noted to reveal moderate bilateral carpal tunnel syndrome. The plan of care included left carpal tunnel release and De Quervain's release and associated services. The appeal requested authorization for twelve (12) post-operative physical therapy sessions, three times a week for four weeks for the left wrist and a post-operative cold therapy unit rental for two weeks for the left wrist. The Utilization Reviews dated 9-17-15, denied the requests.

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 4 weeks for the left wrist: 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): Forearm, Wrist, & Hand. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist / carpal tunnel section.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. The ODG, carpal tunnel section, reports there is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery. 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 physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. In this case the requested number of postoperative visits exceed the number defined by the ODG guidelines. Thus the recommendation is not medically necessary.

Post-operative cold therapy unit for the left wrist, 2 week rental: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Forearm, Wrist, & Hand - Cold packs; ODG-TWC, Chapter: Carpal Tunnel Syndrome - Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is not medically necessary.