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| Case Number: | CM15-0197879 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 04/11/2014 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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 24-year-old male who sustained an industrial injury on 4/11/14, due to repetitive motion. The 12/22/14 electrodiagnostic studies evidenced mild bilateral carpal tunnel syndrome. Conservative treatment included activity modification, splinting, and medications. He underwent a left carpal tunnel release on 8/6/15. The 9/9/15 treating physician report cited right hand pain with numbness and tingling. He was taking Norco for pain with pain reduction and functional improvement in activities of daily living. Right wrist exam documented pain over the dorsal wrist with positive Phalen's and Tinel's signs. Grip strength was 28/30/32 kg right and 38/40/38 kg left. Authorization was requested for right carpal tunnel release, 8 post-operative physical therapy visits, and 40 tablets of Norco 10/325 mg. The 9/22/15 utilization review certified the requests for right carpal tunnel release and Norco 10/325 mg #40. The request for 8 visits of post-operative physical therapy was modified to 4 initial visits 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, 8 visits: Upheld

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

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. The 9/22/15 utilization review recommended partial certification of 4 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of initial care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.