

Case Number:	CM15-0198176		
Date Assigned:	10/13/2015	Date of Injury:	02/01/2013
Decision Date:	12/04/2015	UR Denial Date:	10/02/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 is a 47 year old male with a date of injury on 2-1-13. A review of the medical record indicates that the injured worker is undergoing treatment for neck and bilateral wrists. Progress report dated 7-17-15 reports right wrist is doing better. He states A-stim and physical therapy helped but he still has some limitations. He has complaints of persistent numbness and burning in the left hand. He states he would like to avoid surgery for left wrist until evaluation of cervical spine. Physical exam: left wrist strength is normal, grip is normal, no tenderness to palpation of bone or soft tissue and range of motion is normal. EMG and NCV findings 6-24-15: multiple distinct abnormalities, mild to moderate left carpal tunnel syndrome and a moderately involved left cubital tunnel syndrome and consistent with chronic bilateral C6 radiculopathies. Treatments include: medication, Flector patch, physical therapy, cervical discectomy and fusion, bilateral trigger finger release, carpal tunnel release. Request for authorization was made for post-operative physical therapy for left wrist 3 times per week for 4 weeks. Utilization review dated 10-2-15 modified the request to certify a quantity of 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, left wrist, 3 times weekly for 4 weeks, 12 sessions: 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: This is a request for 12 therapy sessions after planned endoscopic carpal tunnel release. The California MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one-half the maximal number of visits (page 10) - 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 sessions exceed guidelines and are determined to be unnecessary.