

Case Number:	CM15-0202394		
Date Assigned:	10/19/2015	Date of Injury:	08/20/2014
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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: Minnesota, Florida
 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(n) 52 year old female, who sustained an industrial injury on 8-20-14. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Subjective findings (4-24-15, 6-1-15 and 6-29-15) indicated bilateral wrist numbness and tingling. The injured worker rates her pain a 4 out of 10. Objective findings (4-24-15, 6-1-15 and 6-29-15) revealed positive Phalen's and Tinel's sign bilaterally and full range of motion in the wrists. As of the PR2 dated 9-15-15, the injured worker reports bilateral hand numbness tingling and pain. The treating physician noted the injured worker has tried physical therapy and nighttime splinting but, the symptoms have not improved. Objective findings include tenderness to palpation of the bilateral wrists, full range of motion and a positive Phalen's and Tinel's sign bilaterally. Treatment to date has included an EMG on 6-12-15 showing evidence of bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome, Effexor and Motrin. The Utilization Review dated 10-8-15, modified the request for post-op physical therapy for the right wrist x 12 sessions and a wrist cock up splint to post-op physical therapy for the right wrist x 4 sessions and a regular splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy for the right wrist QTY 12: 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 request as stated pertains to postoperative physical therapy for the right wrist. The injured worker has evidence of carpal tunnel syndrome as well as cubital tunnel syndrome and has been certified for a carpal tunnel release as well as neuroplasty and possible transposition of the ulnar nerve at the elbow. This request is for the wrist and not the elbow. With regard to carpal tunnel syndrome, California MTUS guidelines indicate that there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to the maximum of 8 visits over 3-5 weeks. The request as stated is for 12 postoperative sessions for the right wrist. This exceeds the guideline recommendation of 3-5 visits over 4 weeks and a maximum of 8 visits for the wrist. As such, the medical necessity of the request has not been substantiated.

Associated Surgical Services: Wrist cock up splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Elbow; splinting.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: With regard to a cock up wrist splint for postoperative use, California MTUS guidelines do not recommend immobilization after carpal tunnel surgery. 2 prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially compared to a home therapy program. As such, the request for a cock up wrist splint is not supported and the medical necessity of the request has not been substantiated.