

Case Number:	CM15-0023880		
Date Assigned:	02/13/2015	Date of Injury:	09/26/2011
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 61-year-old female who sustained an industrial injury on 09/26/11, relative to repetitive motion. She was diagnosed with bilateral carpal tunnel syndrome. She underwent right carpal tunnel release in October 2011, and left carpal tunnel release in January 2012. The patient returned to work but continued to have post-op pain. She has been off work since December 2013. The 3/25/14 upper extremity electrodiagnostic study documented bilateral mild carpal tunnel syndrome. She underwent a re-do left carpal tunnel release in April 2014. The 12/30/14 treating physician report indicated the patient had completed 12 visits of physical therapy and exercise. The 1/14/15 treating physician report cited persistent grade 8/10 left hand and wrist pain. Pain was better with rest and medication. Norco reduces her pain from 8/10 to 4/10 and allows her to do slight activities of daily living. Left wrist/hand exam documented diffuse sensitivity over the dorsal and palmar hand, and no atrophy. There was significant sensitivity to both light and sharp touch. The diagnosis was crossover tendinitis on the left, status post bilateral carpal tunnel release surgery, bilateral median neuropathy consistent with carpal tunnel syndrome, and trigger finger bilateral thumbs. The treatment plan recommended physical therapy 2x6 for the left wrist and hand. Psychological consult was pending. On 1/22/15, the request for post-op physical therapy 2 times a week time 6 weeks for the left hand/wrist was denied by utilization review. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2x6 for the left hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Preface, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome: Physical medicine treatment.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 3-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines state that there is limited evidence demonstrating the effectiveness of physical or occupational therapy for carpal tunnel syndrome. Guidelines support 1 to 3 visits of physical therapy for carpal tunnel syndrome, and 3 to 8 visits for post-op treatment. Guideline criteria have not been met. This patient has received an extensive course of post-op physical therapy following her most recent carpal tunnel release, with equivocal results. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program, and markedly in excess of guideline recommendations. Therefore, this request is not medically necessary.