

Case Number:	CM15-0213763		
Date Assigned:	11/03/2015	Date of Injury:	01/31/2011
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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 was a 57-year-old female who sustained an industrial injury on 1/31/11. Injury occurred while working as a [REDACTED] and moving a paraplegic patient. She underwent right carpal tunnel release on 6/12/15. Initial home exercise was recommended and a wrist exercise kit was dispensed. She initiated post-op physical therapy on 8/17/15. The 9/17/15 treating physician report indicated that the injured worker was status post right carpal tunnel release and was to finish the occupational therapy. She was able to make a full fist with some residual thenar weakness. The 9/30/15 physical therapy progress report indicated that injured worker had completed 15 visits. She complained of frequent shooting pain at the incision and intermittent weakness with picking up or holding things. She was able to perform most activities of daily living without significant pain. Pain was aggravated with pushing, driving, gripping, and opening jars. Right wrist range of motion was limited to 60 degrees flexion and 30 degrees ulnar deviation. Muscle testing documented wrist flexion 4/5, wrist extension 4+/5, radial deviation 4+/5, and ulnar deviation 4-/5. Grip strength was 10/12/20 right and 30/25/25 left. There was palpable tenderness over the thenar side of the incision with swelling. The physical therapist reported that she had made good progress but had continued deficits in strength, range of motion, and activity tolerance and would benefit from 12 additional therapy visits. Records indicated that she completed a total of 18 visits as of 10/2/15. Authorization was requested for 12 additional postoperative physical therapy sessions for the right hand. The 10/21/15 utilization review non-certified the request for 12 additional sessions of postoperative physical therapy for the right hand as there was no documentation of the total number of physical therapy sessions

completed, no documentation of objective functional improvement through prior therapy, and no rationale why the injured worker could not be directed to a self-directed home exercise program by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to the right hand (additional 12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and 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. 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. 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. Guideline criteria have not been met. This injured worker underwent carpal tunnel release on 6/12/15 with delayed initiation of post-op therapy until 8/17/15. She had completed 18 post-op visits with documented improvement in range of motion and strength. There are some residual strength and range of motion deficits. However, there is no compelling rationale provided to support the medical necessity of additional supervised physical therapy over transition to an independent home exercise program at this time to achieve further rehabilitation goals. This request also markedly exceeds guideline recommendation for post-operative treatment following carpal tunnel release. Therefore, this request is not medically necessary.