

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0217472 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 05/16/2014 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/27/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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 57-year-old male who sustained an industrial injury on 5/16/14, relative to a motor vehicle accident. He underwent right left shoulder rotator cuff repair on 8/24/14. The 4/7/15 bilateral upper extremity electrodiagnostic study findings were consistent with moderate to severe left carpal tunnel syndrome with evidence of ongoing denervation, moderate right carpal tunnel syndrome without evidence of ongoing denervation and mild right ulnar neuropathy at the wrist. The injured worker underwent right cubital tunnel release at the elbow and right endoscopic carpal tunnel release on 9/2/15. The 9/14/15 treating physician report cited mild pain and significant constant numbness and tingling in the left digits 2-3, with mild neck pain radiating to the left arm and occipital region. He was doing well post-operatively. Left hand and wrist exam revealed positive Durkan's, Tinel's and Phalen's tests, and decreased sensation in the thumb, index and long finger. Bilateral wrist exam was noted to reveal diffuse joint tenderness. The physician's plan included removing right wrist sutures and starting therapy. Authorization was requested for left carpal tunnel release and 12 visits of left wrist post-operative hand therapy. The 10/27/15 utilization review modified the request for 12 visits of left wrist post-op hand therapy to 4 sessions consistent with the Post-Surgical Treatment Guidelines for initial post-op care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Post-Op Hand Therapy 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

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. 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 10/27/15 utilization review modified this request for 12 physical therapy visits to 4 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.