

Case Number:	CM15-0225273		
Date Assigned:	11/23/2015	Date of Injury:	06/01/2014
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/17/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 is a 53 year old female with a date of injury on 6-1-14. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Progress report dated 9-21-15 reports continued complaints of bilateral hand pain that radiates up bilateral extremities. She reports little benefit from medications and she had not started physical therapy. Objective findings: left upper extremity - positive tenderness, decreased grip strength and decreased sensation, right upper extremity - positive tinea and positive phalens. EMG nerve conduction studies revealed bilateral carpal tunnel syndrome. Treatments include: medication, physical therapy, left carpal tunnel release (4-8-15). Request for authorization dated 10-15-15 was made for Post-op Physical Therapy 3 times a week for 3 weeks for right wrist. Utilization review dated 10-16-15 modified the request post-op Physical Therapy 8 visits for right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 3 times a week for 3 weeks: 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, Forearm, Wrist, & Hand.

Decision rationale: The patient is a 53 year old female who was certified for right carpal tunnel release, as well as a trigger finger release. Thus, postoperative physical therapy should be considered based on the following guidelines: From page 15 and 16, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Carpal tunnel syndrome (ICD9 354.0): Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical physical medicine treatment period: 3 months. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Post-surgical physical medicine treatment period: 3 months. Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks. Post-surgical physical medicine treatment period: 4 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 9 visits would exceed the initial course of therapy guidelines and is not medically necessary.