

Case Number:	CM15-0034316		
Date Assigned:	03/02/2015	Date of Injury:	05/24/2006
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 51 year old female who sustained a work related injury to her head and shoulders on May 24, 2006. The injured worker underwent right carpal tunnel release in January 2014, left carpal tunnel release on December 1, 2014 and left shoulder arthroscopy with excision of clavicle on January 9, 2015. The injured worker was diagnosed with bilateral carpal tunnel syndrome, lateral epicondylitis, right shoulder acromioclavicular degenerative joint disease and left shoulder subacromial bursitis. Electromyography (EMG) from January 7, 2013 reported no cubital tunnel syndrome. According to the primary treating physician's progress report on January 22, 2015 the patient continues to experience pain in the left wrist with thumb pain and bilateral shoulders with radiation to the neck. The examination of the right and left shoulder demonstrated tenderness with mild pain on range of motion. Right wrist examination noted swelling at the surgical site with neurovascular intact. Left wrist incision was intact, no swelling and no pain with range of motion. Current medications are listed as Norco, Tramadol, Lyrica and Prilosec. Treatment modalities consisted of one physical therapy session for left wrist and then self-discontinued due to pain, ice/cold therapy and medications. The treating physician requested authorization for Postoperative physical therapy for left hand consisting of one therapy evaluation, therapeutic exercise, neuromuscular re-education, gait training, manual therapy and physician performance test QTY: 12. On February 4, 2015 the Utilization Review modified the request for Postoperative physical therapy for left hand consisting of one therapy evaluation, therapeutic exercise, neuromuscular re-education, gait training, manual therapy and physician performance test QTY: 12 to Postoperative physical therapy for left hand consisting of one

therapy evaluation, therapeutic exercise, neuromuscular re-education, gait training, manual therapy and physician performance test QTY: 8. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines. Documentation from 12/11/14 notes that the patient is seen following the left carpal tunnel release. Plan was for physical therapy 2 x 6 (12 visits), as well as cold therapy, analgesics and activity restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative PT for left hand consisting of one therapy evaluation, therapeutic exercise, neuromuscular re-education, gait training, manual therapy and physician performance test QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome, post surgical rehabilitation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The patient is a 51 year old female who had undergone left carpal tunnel release on 12/1/14. Thus, post-operative physical therapy is considered medically necessary based on the following guidelines: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks* Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Therefore, the request for 12 therapy visits following carpal tunnel release exceeds the guidelines. Therefore, it should not be considered medically necessary.