

Case Number:	CM15-0035919		
Date Assigned:	03/04/2015	Date of Injury:	07/02/2012
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/25/2015

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 48 year old female, who sustained an industrial injury on 7/2/12. She has reported pain and weakness in the bilateral hands. The diagnoses have included osteoarthritis bilateral thumbs and carpal tunnel syndrome bilateral hands. Treatment to date has included medications, diagnostics, home physical therapy and injections. Currently, per the primary treating physician's progress note dated 12/22/14, the injured worker complains of pain and numbness in the bilateral hands, worse in the right. The electromyogram/ nerve conduction study dated 8/7/13 revealed a moderate degree of bilateral carpal tunnel syndrome. Physical exam of the wrists revealed tenderness with palpation to the dorsal surface bilaterally, positive Tinel's sign bilaterally, and median nerve compression test was positive bilaterally. The exam of the hands bilaterally revealed deformity about the joint bilaterally, worse in the right. There was tenderness upon palpation over the joints with crepitus on motion about the bilateral thumbs. The range of motion of the joints in the bilateral hands was full but painful. The treatment plan was for right carpal tunnel release, post operative physical therapy, cold unit, wrist brace and injection. On 2/2/15 Utilization Review modified a request for Right wrist post-op physical therapy 3 times a week for 4 weeks modified to for Right wrist post-op physical therapy 2 times a week for four weeks and 21-day rental of a cold therapy unit modified to 7-day rental of a cold therapy unit, noting the (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and ODG-TWC, carpal tunnel release guidelines were cited and (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational

Medicine Practice Guidelines Chapter 11 Forearm, Wrist, and Hand Complaints page 265 post surgical treatment guidelines- carpel tunnel syndrome guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist post-op physical therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC, carpel tunnel release.

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

Decision rationale: The patient is a 48 year old female who was certified for carpal tunnel release and thus, post-operative physical therapy is medically necessary based on the following guidelines: From page 16: 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. Thus, 12 visits would exceed the guidelines and not be considered medically necessary.

21-day rental of a cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines post surgical treatment guidelines- carpel tunnel syndrome. Decision based on Non-MTUS Citation ODG-TWC carpel tunnel syndrome procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Surgery, Continuous cold therapy.

Decision rationale: The patient is a 48 year old female who was certified for carpal tunnel release. Continuous cold therapy is addressed by ODG guidelines: ODG guidelines for carpal tunnel note that continuous cold therapy is recommended as an option only in the postoperative setting and generally for no more than 7 days, including home use. Thus, a 21 day rental would exceed these recommendations and should not be considered medically necessary.