

Case Number:	CM15-0036862		
Date Assigned:	03/05/2015	Date of Injury:	12/20/2013
Decision Date:	04/16/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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: Minnesota, Florida
 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:

The injured worker is a 48 year old female who sustained an industrial injury on 12/20/2013. Current diagnoses include status post-carpal tunnel release right, carpal tunnel syndrome left, and stenosing flexor tenosynovitis, right thumb and middle finger. Previous treatments included medication management, steroid injections, and bracing. Report dated 09/30/2014 noted that the injured worker presented with complaints that included left upper extremity and left hand numbness and pain, and triggering and popping of the right thumb. Physical examination was positive for abnormal findings. Utilization review performed on 02/13/2015 non-certified a prescription for post operative physical therapy 2 times per week for 5 weeks and post operative wrist brace, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2 times per week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15, 16.

Decision rationale: California MTUS postsurgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery. The maximum allowed is 3-8 visits over 3-5 weeks. The initial course of therapy is one-half of these visits and then with documentation of objective functional improvement, a subsequent course of therapy consisting of the second half may be prescribed. The request as stated for 10 physical therapy visits exceeds the guidelines and as such, the medical necessity of the request has not been substantiated.

Post Op Wrist Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: California MTUS guidelines do not recommend postoperative splinting after a carpal tunnel release. Two prospective randomized studies showed no beneficial effect from postoperative splinting after a carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following a carpal tunnel release may be largely detrimental, especially compared to a home therapy program. As such, the request for a post-op wrist brace is not supported and the medical necessity has not been substantiated.