

Case Number:	CM15-0053876		
Date Assigned:	03/27/2015	Date of Injury:	08/01/2013
Decision Date:	09/21/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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 47-year-old female, who sustained an industrial injury on August 1, 2013, incurring right wrist, upper extremity, low back and left knee injuries. She was diagnosed with a right wrist ganglion cyst, right carpal tunnel syndrome, left shoulder impingement, and lumbar radiculopathy. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, physical therapy, and home exercise program, transcutaneous electrical stimulation unit, ice and heat and activity restrictions. Currently, the injured worker complained of continued right wrist pain and underwent a surgical intervention of removing the ganglion cyst. The treatment plan that was requested for authorization included post-operative physical therapy for the right wrist. The patient is noted to have undergone right wrist surgery on 11/10/14. Operative noted from 11/10/14 notes that the patient underwent right carpal tunnel release with ulnar nerve decompression at Guyon canal, right wrist extensive tenosynovectomy, ganglion cyst removal and injection of Marcaine. Documentation from 1/22/15 notes that the patient is deconditioned because of disuse. 'Emphasis on active therapy. Concern in regards to no postoperative physical therapy to date.'

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 x 4 for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15, 16, 21, 22.

Decision rationale: The patient is a 47-year-old female who had undergone right carpal tunnel release, Guyon's canal release and dorsal ganglion cyst removal on 11/10/14. She is documented to have not attended physical therapy as of 1/22/15 and was deconditioned due to lack of use. She had been instructed on exercises. As the patient had undergone right wrist surgery as documented above, postoperative physical therapy should be considered medically necessary based on the following guidelines: For Carpal tunnel syndrome, From page 15 and 16, Recommended as indicated below. 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): 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. For Guyon's canal release: Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354. 2): Postsurgical treatment: 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. For Ganglionectomy: Ganglion and cyst of synovium, tendon, and bursa (ICD9 727. 4): Postsurgical treatment: 18 visits over 6 weeks. Special Consideration: Postsurgical physical medicine is rarely needed for ganglionectomy. Based on these guidelines and that the guidelines for each procedure should not be considered additive, as Guyon's canal release and carpal tunnel release are in the same anatomic area and would not likely require additional therapy. However, this could be reconsidered after an initial trial of physical therapy. Thus, the guidelines from the procedure requiring the greatest amount of physical therapy will be used (ulnar entrapment at the wrist). 20 visits, over 10 weeks, which would correspond to an initial therapy of 10 visits (1/2 of the total). 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 postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 10 visits would be consistent with these guidelines.