

Case Number:	CM15-0055646		
Date Assigned:	03/30/2015	Date of Injury:	04/17/2006
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 36-year-old female sustained an industrial injury to the right upper extremity via repetitive trauma on 4/17/06. Previous treatment included right carpal tunnel release (10/14/14), and medications. In a clinic note dated 3/2/15, the injured worker reported that right hand numbness had improved following surgery and that the right hand felt weak. Physical exam was remarkable for tenderness to palpation over the right palm and lateral and medial epicondylar regions of the right elbow with positive abduction sign. Current diagnoses included chronic pain syndrome, right carpal tunnel syndrome, right medial and lateral epicondylitis, right shoulder tendinitis and cervical brachial syndrome. The treatment plan per the primary treating physician included hand therapy twice a week for three weeks and medications. The Orthopedic Hand Surgeon recommended 12 sessions of hand therapy. Both physicians noted that the injured worker had not had any therapy since surgery in October.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Hand Therapy Sessions (Right Hand): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions. For post-surgical patients, the specific surgery, if uncomplicated, dictates the length of needed therapy. Endoscopic carpal tunnel release, such as procedure undergone by the patient of concern, should not, per the Guidelines, require extended therapy or multiple therapy visits. Continued physical therapy visits would only be recommended if objective improvement is documented. Physical therapy should be part of a treatment program that includes: "education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations." For endoscopic Carpal tunnel release the recommended physical therapy regimen is: 3-8 visits over 3-5 weeks, and the defined postsurgical period for that procedure is 3 months. For the patient of concern, she does have documented continued symptoms post-operatively, so physical therapy would be warranted. However, the requested number 12 sessions of hand therapy exceeds the total number of recommended physical therapy sessions post-endoscopic carpal tunnel release. While additional physical therapy sessions may be warranted in complicated or comorbid conditions, those would only be approved after documented improvement with initial sessions. Based on the Guidelines recommendations, the request for 12 sessions of hand therapy is not medically indicated.