

Case Number:	CM15-0061787		
Date Assigned:	04/07/2015	Date of Injury:	04/15/2013
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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 31 year old female, who sustained an industrial injury on April 15, 2013. The injured worker had reported right wrist pain. The diagnoses have included right carpal tunnel syndrome and status post endoscopic right carpal tunnel release. Treatment to date has included medications, occupational therapy and right wrist surgery. Current documentation dated Mach 9, 2015 notes that the injured worker was two months post-operative right carpal tunnel release and had experienced one episode of numbness and tingling recently, but overall no significant numbness and tingling was noted. Physical examination of the right wrist revealed mild tenderness and swelling at the right proximal palm. Sensory and motor examination was intact. The injured worker had a full range of motion of the right hand and wrist. The treating physician's plan of care included a request for additional post-operative occupational therapy for the right hand # 12. Grip strength was reported as 15 bilaterally. She had completed her initial 12 post operative therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Occupational Therapy For Right Wrist, Qty. 12: Upheld

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

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

Decision rationale: The patient is a 31 year old female who had undergone carpal tunnel release approximately 2 months prior to request for 12 additional physical therapy visits. She appears to have completed 12 visits already. On the most recent evaluation, the patient was noted to have full range of motion and grip strength that was equal to the contralateral side. The only abnormality noted was mild tenderness and swelling of the proximal palm. Based on the medical records reviewed, there is insufficient justification for an additional 12 therapy visits. From postsurgical treatment guidelines, the following is stated: 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. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. 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. Although the patient is still within the treatment period of 3 months, there is insufficient justification for further therapy outside the treatment guidelines. The patient has comparable strength to the contralateral side and full range of motion. In addition, a dedicated home exercise program was lacking from the medical documentation and may be all that the patient needs at this point. Therefore additional formal therapy would not be medically necessary.